## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harrís

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 050004200

LIBERTY MUTUAL MANAGED CARE, INC.

Mailing Address

FILED

00 MAY 23 AM 10: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

135 E	erkeley St. 175 Berkeley St.							
Booto	Boston, MA 02117 Boston, MA			02117		DO NOT WRITE IN TH	IIS SPACE	
boston, MA 02117		bobcom, im opin,				3. Date Incorporated or Qualifed		
USA		USA	USA			09/01/1995		
Principal Place of Business     2a. Mailing Address						4. FEI Number	Ar	pplied For
.!		26				04-3217691	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•			\$8.75	Additional
!		27				5. Certifcate of Status Desired	•	equired
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
1	-	28				Trust Fund Contribution		may be to Fees
Zip	Country	Zip	Country			· · · · · · · · · · · · · · · · · · ·		torees
ı	_ ′	<u> </u>	30			8. This corporation owes the current year	Intangible	□No
1	· · · · · · · · · · · · · · · · · · ·					Personal Property Tax.		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registers	a Agent	
			81	Naı	ne			
CT Compountion Creation				Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
CT Corporation System						, , , , , , , , , , , , , , , , , , , ,		
1200 South Pine Island Road			83	1				
1200	boath Tine Island Ro							
Plan	tation FL 33324		84	City	•	F	■ 85 Zip (	Code
44	N. W	4 007 4500 Florido Chabata	45	<u> </u>				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
	m familiar with, and accept the obligation							9,010,00
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A					ure required	1 when reinstating) DATE		
12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
IIILE		☐ DELETE	1.1 TITLE				Change	☐ Addition
1	Edmund F. Kelly		1.2 NAME			•	4	
5-MEET ADDRESS	175 Berkeley St.		1.3 STREE	T ADOD	ee			
	Boston, MA 02117				.55			
i ST-ZIP			1.4 CITY-5	ST-ZIP		*		C Addition
THE	Barry S. Gilvar	☐ DELETE	2.1 TITLE				Change	☐ Addition
-	175 Berkeley St		2.2 NAME			10000329		
***** ADDRESS				2.3 STREET ADDRESS		-06/20/00-		
ST-ZIP	Boston, MA 02117			2. 4 CITY-ST-ZIP		****550.0	] ****5	50.00
Chrain Boar	pan a - a	☐ DELETE	3.1 TTLE				Change	Addition
Boar			3.2 NAME			'		
	175 Berkeley St.		3.3 STREE	T 4000				Į
LADDRESS	Boston, MA 02117	,			33			i
ST ZIP	Video	□ 05/ 575	3.4. CITY-	ST-ZIP	ļ			F1 A (49)
- Ch	Vice	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
01.	airma <b>p</b> wight E. Davis		4. 2 NAME					ľ
SEECT ADDRESS			4.3 STREE	T ADDRE	SS			Y
ST-ZIP	Boston, MA 02117	7 i	4.4 CITY-S	T-ZIP	İ			
	Р	☐ DELETE	5.1 TITLE		ĺ	- <del></del>	Change	☐ Addition
•	Lawrence B. Dorn		5.2 NAME			. 1	, C	
r arman ce	175 Berkeley Sti		5.3 STREE	T ADDRE	SS	• 1	F0	l
······································	Booton, in out.	′	5.4 CITY-S					
···•-ST-ZIP	Во	☐ DELETE	6.1 TITLE	241	_	11/11-2-2-11/22	- Filthanas	Addition
	VP Gary J. Ostrow	☐ DELETE			William	bara Michan author ic to be added, fly, &	17 Change	L_I Addition
. =	175 Berkeley St.		6.2 NAME		Imi		Links	CIDIN
····· I AINBRIJS	Boston, MA 02117		6.3 STREE	TADDRE	SS JIJ	I to be abbula HX, e	سرا WWW <i>ل)</i>	专门
···-ST-ZIP	boscon, FIA UZII/	i	6.4 CITY-S	T-ZiP	THE	10 10 10 10 10 10 10 10 10 10 10 10 10 1	) />	K()  '
i.e. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. It further certify that the information								
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; had been an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in								
	or Block 13 if changed, or on an attachm					,	,	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence B. Dorman

5-18-2000 (617) 357-9500 X45640

RSE034 (11/98)