

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/15/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 21 AM 10:27

**DOCUMENT # P94000005521 (7)**

1. Corporation Name

**MANAGED CARE NETWORKS, INC.**

Principal Place of Business

15650 BULL RUN ROAD  
UNIT 608  
MIAMI LAKES FL 33014

Mailing Address

15505 BULL RUN ROAD  
UNIT 218  
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

01/24/1994

3a. Date of Last Report

2. Principal Place of Business

21 8100 Governors Square Blvd

2a. Mailing Address

26 8100 Governors Square Blvd

4. FEI Number

65-0475972

Applied For

Not Applicable

Suite, Apt. #, etc.

22 403

Suite, Apt. #, etc.

27 403

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 Miami Lakes FL

City & State

28 Miami Lakes FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 33016

Country

25 USA

Zip

29 33016

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED  
343 ALMERIA AVE  
COARL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Michael A. Cabrera  
82 Street Address (P.O. Box Number is Not Acceptable) 8100 Governors Square Blvd.  
83 Suite 403  
84 City Miami Lakes FL 85 Zip Code 33016

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

6-14-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	CABRERA, MICHAEL A	15650 BULL RUN ROAD	MIAMI LAKES FL 33014

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
1	President	Cabrera, Michael A.	8100 Governors Square Blvd.	Miami Lakes, FL 33016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I 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; that I am 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 Block 12 or Block 13, if changed, or on the attached form with an address.

SIGNATURE:

*[Signature]*

Michael Cabrera

Date

6-14-95 (305) 246-7355

CR2E034 (3/95)