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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/20/95--01101--007
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000045548 (2)**

1. Corporation Name

THE MANAGED CARE MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

P.O. BOX 271510
TAMPA FL 33688

P.O. BOX 271510
TAMPA FL 33688

2. Principal Place of Business

2a. Mailing Address

21 3450 Buschwood Park Dr.

26 3450 Buschwood Park Dr.

22 Suite, Apt. #, etc
Suite 245

27 Suite, Apt. #, etc
Suite 245

23 City & State
Tampa, FL

28 City & State
Tampa, FL

24 Zip
33618

Country
Hillsborough

29 Zip
33618

Country
Hillsborough

3. Date Incorporated or Qualified

06/17/1994

3a. Date of Last Report

4. FEI Number

59-3249868

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIÑA, OLGA M
C/O FOWLER, WHITE, GILLEN, BOGGS, ET AL
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and title # (required)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CHAMBERS, FRANCES W III
STREET ADDRESS P.O. BOX 272227
CITY ST ZIP TAMPA FL 33688

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS 3450 Buschwood Park Drive
14 CITY - ST ZIP Tampa, Florida 33618

TITLE D
STREET ADDRESS P.O. BOX 272227
CITY ST ZIP TAMPA FL 33688

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS 3450 Buschwood Park Drive
24 CITY - ST ZIP Tampa, Florida 33618

TITLE D
NAME ~~OLBURN, PATRICK~~
STREET ADDRESS ~~P.O. BOX 272227~~
CITY ST ZIP TAMPA FL 33688

31 TITLE Change Addition
32 NAME Woodburn, Michelle
33 STREET ADDRESS 3450 Buschwood Park Drive
34 CITY - ST ZIP Tampa, Florida 33618

TITLE D
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition
42 NAME Mills, John
43 STREET ADDRESS 3450 Buschwood Park Drive
44 CITY - ST ZIP Tampa, Florida 33618

TITLE D
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition
52 NAME Puls, John
53 STREET ADDRESS 3450 Buschwood Park Drive
54 CITY - ST ZIP Tampa, Florida 33618

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST ZIP

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 110.07(3)(b), 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 (change) or in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President/CEO

5/3/95