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

FILED
Jul 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # P96000053996

1. Corporation Name
Care Management Resources, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| | 7115 Thomas Edison Dr. Suite B Columbia, MD 21046 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/25/96

| | 2. Principal Place of Business | 2a. Mailing Address |
|---|---|---|
| 21 / 26 | CARE Management Resources | 7115 Thomas Edison Dr |
| Suite, Apt. #, etc. 22 / 27 | 7115 Thomas Edison Dr | Suite B |
| City & State 23 / 28 | Columbia, MD | Columbia MD |
| Zip 24 / 29 | 21046 | 21046 |
| Country 25 / 30 | | |

4. FEI Number: 65-0681434 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| Corporate Service Company<br>1201 HAYS Street<br>Tallahassee, FL | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature of new registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | President | ☐ DELETE | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | Ronald Bargatze | | 12 NAME | | |
| STREET ADDRESS | 7115 Thomas Edison Dr Suite B | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | Columbia, MD 21046 | | 14 CITY-ST-ZIP | | |
| TITLE | Vice President | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | Spencer Falcon, M.D. | | 22 NAME | | |
| STREET ADDRESS | 7115 Thomas Edison Dr, Suite B | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | Columbia, MD 21046 | | 24 CITY-ST-ZIP | | |
| TITLE | V.P. Director | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | John Lincoln | | 32 NAME | | |
| STREET ADDRESS | 7115 Thomas Edison Dr. Suite B | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | Columbia, MD 21046 | | 34 CITY-ST-ZIP | | |
| TITLE | Chief Financial Officer | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | Gordon Katz | | 42 NAME | | |
| STREET ADDRESS | 7115 Thomas Edison Dr Suite B | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | Columbia, MD 21046 | | 44 CITY-ST-ZIP | | |
| TITLE | Secretary, Treasurer + Director | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | Cherie Fuzzell | | 52 NAME | | |
| STREET ADDRESS | 3414 Peachtree Rd NE, Suite 1400 | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | Atlanta, GA 30326 | | 54 CITY-ST-ZIP | | |
| TITLE | Asst Secretary + Asst Treasurer + Director | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | Craig McKnight | | 62 NAME | | |
| STREET ADDRESS | 3414 Peachtree Rd NE, Suite 1400 | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | Atlanta, GA 30326 | | 64 CITY-ST-ZIP | | |

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14. 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. 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 an attachment with an address.

**SIGNATURE:** _____ GORDON E KATZ 7/15/98 410-872-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #