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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S81160** **(1)**

1. Corporation Name
RISCORP MANAGED CARE SERVICES, INC.

Principal Place of Business	Mailing Address
1390 MAIN STREET SARASOTA FL 34236 US	1390 MAIN STREET SARASOTA FL 34236-5687 US

3. Date Incorporated or Qualified: 09/18/1991
3a. Date of Last Report: 04/19/1996

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24 / 25	Zip / Country	29 / 30	Zip / Country

4. FEI Number: 65-0487136 ☐ 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

BROWN, DARYL J
1819 MAIN STREET
SUITE 1100
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: L. Norman Vaughan-Birch
82 Street Address (P.O. Box Number is Not Acceptable): 720 S. Orange Ave.
83
84 City: Sarasota FL 85 Zip Code: 34236

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCCO	☐ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	GRIFFIN, WILLIAM D.		1.2 NAME	Merritt, L. Scott	
STREET ADDRESS	1390 MAIN STREET		1.3 STREET ADDRESS	1390 Main Street	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	~~DVPT~~	☒ DELETE	2.1 TITLE	DVP	☐ Change ☒ Addition
NAME	~~HAMMEL, EDWARD J.~~		2.2 NAME	Halloy, Richard A.	
STREET ADDRESS	1390 MAIN STREET		2.3 STREET ADDRESS	1390 Main Street	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	DPCO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MALONE, JAMES A		3.2 NAME		
STREET ADDRESS	1390 MAIN STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARKS, GREGORY M.		4.2 NAME		
STREET ADDRESS	1390 MAIN ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	AT	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHEEKEY, BRIAN T.		5.2 NAME		
STREET ADDRESS	1390 MAIN ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	700002197367	
STREET ADDRESS			6.3 STREET ADDRESS	-06/02/97--01035--020	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***1815.00	

CR2E034 (9/96)

14. I do 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 above, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED JAMES A. MALONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #