

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000903

Entity Name: MANAGED CARE/GALAXY HEALTH NETWORK, INC.

Current Principal Place of Business:

631 106TH STREET
ARLINGTON, TX 76011

Current Mailing Address:

P.O. BOX 201425
ARLINGTON, TX 76006 US

FEI Number: 75-2546575

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SD
Name PARKS, JENNIFER
Address 631 106TH STREET
City-State-Zip: ARLINGTON TX 76011

Title D
Name SHANE, WENDY
Address 631 106TH STREET
City-State-Zip: ARLINGTON TX 76011

Title D
Name SHADLE, BRIDGET
Address 631 106TH STREET
City-State-Zip: ARLINGTON TX 76011

Title P
Name SHANE, P J
Address 631 106TH STREET
City-State-Zip: ARLINGTON TX 76011

Title V
Name SHADLE, DAN
Address 631 106TH STREET
City-State-Zip: ARLINGTON TX 76011

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL SHADLE

VP

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date