## 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A31453

FILED Apr 07, 2005 Secretary of State

Entity Name: SMG MANAGED CARE SOLUTIONS LIMITED PARTNERSHIP

**Current Principal Place of Business: New Principal Place of Business:** 

1000 N.W. 65TH ST. 2950 W CYPRESS CREEK ROAD

STE. 200 SUITE 104

FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309

**Current Mailing Address: New Mailing Address:** 

1000 N.W. 65TH ST. 2950 W CYPRESS CREEK ROAD SUITE 104

STE. 200

FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309

FEI Number: 65-0298636 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THIRER, MARTIN THIRER, MARTIN 1000 N.W. 65TH ST., STE. 200 FT. LAUDERDALE, FL 33309 2950 W CYPRESS CREEK ROAD US SUITE 102

FT. LAUDERDALE, FL 33309 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: 04/07/2005

> Electronic Signature of Registered Agent Date

Capital Contributions as Shown on record: 20,100.00

Amount of Capital Contributions in Florida to date: 20,100.00

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #: K61558

SMG MANAGEMENT COMPANY Name:

1000 N.W. 65TH AT., STE. 200 Address: 2950 W CYPRESS CREEK ROAD, SUITE 102 Address:

City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: FT. LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: SMG MANAGEMENT COMPANY G 04/07/2005