## DEZUGIO AL

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F0200001071

1. Entity Name

TOTAL MANAGED CARE, INC.

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## FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90160 004 \*\*\*150.00

Pirropas   Place of Business						OF WELL						
Sullo, Apr. #. ofc.  Sullo, Ap	2650 APALACHEE PKWY			4270 W. RICHERT. STE 101								
City & State  City & State  City & State  City & State  Country  A. FEI Number  TP-0547803  Applied for Not Acplicable  So. Certificate of State Desired  B. Country  S. Certificate of State Desired  For Augustrate  Serier Address of New Registered Agent  City  FL  App Code  Serier Address of New Registered Agent  City  FL  App Code  Serier Address of New Registered Agent  City  FL  App Code  Serier Address of New Registered Agent  City  FL  App Code  Serier Address of New Registered Agent  City  FL  App Code  Serier Address of New Registered Agent  City  FL  App Code  Serier Address of New Registered Agent  City  FL  App Code  Serier Address of New Registered Agent  City  FL  App Code  Serier Address of New Registered Agent  City  FL  App Code  City  FL  App Code  City  FL  App Code  City  FL  App Code  Serier Address of New Registered Agent  City  FL  App Code  App Code  City  FL  App Code  City  FL  App Code  City  App Code  City  FL  App Code  City  FL  App Code  City  FL  App Code  C	2. Principal Place of Business			3. Mailing Address			+	1 1881288 1111 88118 11811 88111 88111	Barii Barii Ba		10001	
Zip Country Zip Country Zip Country	Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent  HARRIGAN, LEA 2850 APALACHEE PKWY TALLAHASSEE FL 32301  City  FL  Zip Code  6. The above named entity submits this statement for the outpose of changing its registered office or registered agent, or both, in the State of Florida. Jam fam flar with, and accept the obligations of ingristered agent.  Signature  FLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIPECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IT.  ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IT.  ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IT.  STREET ADDRESS  OFFI-51-2P  MAKE  WIGH, STEVEN C  ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IT.  STREET ADDRESS  OFFI-51-2P  Change Addition  WARE  STREET ADDRESS  OFFI-51-2P  FRESNO CA  THE  MAKE  COD  STREET ADDRESS  OFFI-51-2P  FRESNO CA  THE  MAKE  COD  STREET ADDRESS  OFFI-51-2P  FRESNO CA  THE  COD  STREET ADDRESS  OFFI-51-2P  TRESNO CA  THE  MAKE  STREET ADDRESS  OFFI-51-2P  TRESNO CA  THE  Charge  Addition  THE  MAKE  THE  THE  THE  THE  THE  THE  THE  T	City & State	a a	City	City & State			4. F	4. FEI Number 77-0547803				
HARRIGAN, LEA 2650 APALACHEE PKWY TALLAHASSEE FL 32301  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the obligation obligation of the obligation of the obligation obligation obligation obligation of the ob	Zip	Country	Zip				3. Certificate of Status Desired					
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Street Address (P.O. Box Number is Not Acceptable)    City					N	ame	-					7
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and size of registered agent, or both, in the State of Florida. I am familiar with, and accept the size of registered agent, or both, in the State of Florida. I am familiar with, and accept the size of registered agent, or both, in the State of Florida. I am familiar with, and accept the size of registered agent, or both, in the State of Florida. I am familiar with, and accept the size of registered agent, or both, in the State of Florida. I am familiar with, and accept the size of registered agent, or both, in the State of Florida. I am familiar with, and accept the size of registered agent, or both, in the State of Florida. I am familiar with, and accept the size of Florida. I am familiar with, and accept the size of Florida. I am familiar with, and accept the registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent agent agent and accept the registere					s	treet Address	(P.O. Bo	ox Number is Not Acceptable)		_		-
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all latter like empowered.

SIGNATURE

SIGNATURE SIGNING OFFICER OR DIRECTOR

18/03

Date

277-480

Daytime Phone