


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # F05000002927**

1. Entry Name  
**FIRST MANAGED CARE OPTION, INC.**



Principal Place of Business <b>119 LITTLETON ROAD          PARSIPPAY, NY 07054</b>	Mailing Address <b>119 LITTLETON ROAD          PARSIPPANY, NJ 07054</b>
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>11-2616869</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSVP LYNCH, PATRICK J 119 LITTLETON ROAD PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP MOONEY, THOMAS 119 LITTLETON ROAD PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUNNE, GLENN 119 LITTLETON ROAD PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLAVIN, JOSEPH C JR 119 LITTLETON ROAD PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 03/07/07-80002-024 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 other like empowered.

**SIGNATURE:**  **2-16-07 973-257 5246**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #