

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002927

FILED
Apr 27, 2009
Secretary of State

Entity Name: FIRST MANAGED CARE OPTION, INC.

Current Principal Place of Business:

119 LITTLETON ROAD
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

119 LITTLETON ROAD
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 11-2616869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CSVP () Delete
Name: LYNCH, PATRICK J
Address: 119 LITTLETON ROAD
City-St-Zip: PARSIPPANY, NJ 07054

Title: VCP () Delete
Name: MOONEY, THOMAS
Address: 119 LITTLETON ROAD
City-St-Zip: PARSIPPANY, NJ 07054

Title: DT () Delete
Name: RUNNE, GLENN
Address: 119 LITTLETON ROAD
City-St-Zip: PARSIPPANY, NJ 07054

Title: D () Delete
Name: GLAVIN, JOSEPH C JR
Address: 119 LITTLETON ROAD
City-St-Zip: PARSIPPANY, NJ 07054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS MOONEY

VCP

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date