

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002172

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** MANAGED HEALTH CARE ASSOCIATES INC.

**Current Principal Place of Business:**

25B VREELAND ROAD  
FLORHAM PARK, NJ 07932

**New Principal Place of Business:**

25-A VREELAND ROAD, SUITE 200  
FLORHAM PARK, NJ 07932

**Current Mailing Address:**

PO BOX 789  
FLORHAM PARK, NJ 07932

**New Mailing Address:**

25-A VREELAND ROAD, SUITE 200  
FLORHAM PARK, NJ 07932

**FEI Number:** 34-2003187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BENACERRAF, ARI  
Address: 25-A VREELAND ROAD, SUITE 200  
City-St-Zip: FLORHAM PARK, NJ 07932

Title: CD  
Name: FOTIADES, GEORGE  
Address: 25-A VREELAND ROAD, SUITE 200  
City-St-Zip: FLORHAM PARK, NJ 07932

Title: D  
Name: FREEDMAN, BARRY  
Address: 25-A VREELAND ROAD, SUITE 200  
City-St-Zip: FLORHAM PARK, NJ 07932

Title: D  
Name: LANGER, MICHAEL  
Address: 25-A VREELAND ROAD, SUITE 200  
City-St-Zip: FLORHAM PARK, NJ 07932

Title: D  
Name: RANGER, MICHAEL  
Address: 25-A VREELAND ROAD, SUITE 200  
City-St-Zip: FLORHAM PARK, NJ 07932

Title: STD  
Name: ANDREW, STEPHEN J  
Address: 25-A VREELAND ROAD, SUITE 200  
City-St-Zip: FLORHAM PARK, NJ 07932

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: STEPHEN J. ANDREW

STD

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date