

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # F93000004396 (8)

1. Corporation Name

RAMSAY MANAGED CARE, INC.



Principal Place of Business

1276 MINNESOTA AVE
WINTER PARK FL 32789
US

Mailing Address

639 LOYOLA AVE.
STE 1700
NEW ORLEANS LA 70113
US

3. Date Incorporated or Qualified
09/27/1993

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

72-1249464

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DCP
BROWNE, GREGORY H
STREET ADDRESS 639 LOYOLA AVE., STE 1700
CITY-ST-ZIP NEW ORLEANS LA

TITLE ☐ DELETE

NAME DVC
GODEN, BRUCE R
STREET ADDRESS 639 LOYOLA AVE., STE 1700
CITY-ST-ZIP NEW ORLEANS LA

TITLE ☐ DELETE

NAME DS
SMITH, WALLACE E
STREET ADDRESS 639 LOYOLA AVE., STE 1700
CITY-ST-ZIP NEW ORLEANS LA

TITLE ☐ DELETE

NAME DT
EUMONT, JACK V JR
STREET ADDRESS 639 LOYOLA AVE., STE 1700
CITY-ST-ZIP NEW ORLEANS LA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
LUIS LAMELA
639 LOYOLA AVENUE, SUITE 1726
70113

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
WARWICK SYPHEAS
639 LOYOLA AVE, SUITE 1725
70113

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
MARTIN LAZORITZ
1276 MINNESOTA AVENUE
WINTER PARK, FLORIDA 32789

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
PHILIP SYMON
1276 MINNESOTA AVENUE
WINTER PARK, FLORIDA 32789

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARWICK SYPHEAS

04/22/96

Date

504-585-0508

Daytime Phone #

CR2E034 (12/95)