

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93000004396 (8)

1. Corporation Name

RAMSAY MANAGED CARE, INC.

Principal Place of Business

Mailing Address

1276 MINNESOTA AVE
WINTER PARK FL 32789
US

1276 MINNESOTA AVE
WINTER PARK FL 32789
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP
NAME LAMELA, LUIS
STREET ADDRESS ONE ALHAMBRA PLAZA, STE 750
CITY-ST-ZIP CORAL GABLES FL

☒ DELETE

TITLE DVC
NAME WARWICK, SYPHERS
STREET ADDRESS ONE ALHAMBRA PLAZA, STE 750
CITY-ST-ZIP CORAL GABLES FL

☒ DELETE

TITLE DS
NAME LAZORITZ, MARTIN
STREET ADDRESS 1276 MINNESOTA AVE
CITY-ST-ZIP WINTER PARK FL

☒ DELETE

TITLE DT
NAME SYMON, PHILIP
STREET ADDRESS 1276 MINNESOTA AVE
CITY-ST-ZIP WINTER PARK FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE D/P
1.2 NAME Bert G. Cibran
1.3 STREET ADDRESS One Alhambra Plaza, Suite 750
1.4 CITY-ST-ZIP Coral Gables, FL

☒ Change ☐ Addition

2.1 TITLE D/VP
2.2 NAME Carol C. Lang
2.3 STREET ADDRESS One Alhambra Plaza, Suite 750
2.4 CITY-ST-ZIP Coral Gables, FL

☒ Change ☐ Addition

3.1 TITLE VP/S/T
3.2 NAME Daniel A. Sims
3.3 STREET ADDRESS One Alhambra Plaza, Suite 750
3.4 CITY-ST-ZIP Coral Gables, FL

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ 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

☐ Change ☐ Addition

14. 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 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

Daniel A. Sims 3/23/98

(305) 569-6993

CR2E034 (10/97)