

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90030 040 \*\*\*158.75

0000224

DOCUMENT # F930000004396

1. Corporation Name  
RAMSAY MANAGED CARE, INC.



Principal Place of Business

1276 MINNESOTA AVE  
WINTER PARK FL 32789  
US

Mailing Address

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 the current year intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 One Alhambra Plaza

Suite, Apt. #, etc.

22 Suite 750

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 U.S.A.

2a. Mailing Address

26 One Alhambra Plaza

Suite, Apt. #, etc.

27 Suite 750

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 U.S.A.

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 DP  
NAME CIBRAN, BERT G  
STREET ADDRESS ONE ALHAMBRA PLAZA, SUITE 750  
CITY-ST-ZIP CORAL GABLES FL

DELETE

TITLE DVP  
NAME LANG, CAROL C  
STREET ADDRESS ONE ALHAMBRA PLAZA, SUITE 750  
CITY-ST-ZIP CORAL GABLES FL

DELETE

TITLE VPST  
NAME SIMS, DANIEL A  
STREET ADDRESS ONE ALHAMBRA PLAZA, SUITE 750  
CITY-ST-ZIP CORAL GABLES 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP, D  
1.2 NAME Marcio Cabrera  
1.3 STREET ADDRESS One Alhambra Plaza, Suite 750  
1.4 CITY-ST-ZIP Coral Gables, FL. 33134

Change Addition

2.1 TITLE VP, D  
2.2 NAME Jorge Rico  
2.3 STREET ADDRESS One Alhambra Plaza-Suite 750  
2.4 CITY-ST-ZIP Coral Gables, FL. 33134

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)