

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002492 (6)

1. Corporation Name

METRAHEALTH CARE MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

57 GREENS FARMS ROAD
WESTPORT CT 06880

57 GREENS FARMS ROAD
WESTPORT CT 06880

3. Date Incorporated or Qualified
05/12/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1175 Post Road East

26 1175 Post Road East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Westport, CT

28 Westport, CT

Zip Country

Zip Country

24 06880

25

29 06880

30

4. FEI Number

43-1378259

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83 700001925897
-08/20/96--01029--020

84 City

***375.00

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 (Required for Principal Officer, Registered Agent, and Third-Party Agent)

(Required for Registered Agent Signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
S	MICHENER, JAMES M	ONE TOWER SQUARE, 15NB	HARTFORD CT	<input checked="" type="checkbox"/>
AS	JACOBS, SETH A	ONE TOWER SQUARE, 15NB	HARTFORD CT	<input checked="" type="checkbox"/>
AS	MCMAHON, ALAIN P.	ONE TOWER SQUARE, 15 NB	HARTFORD CT	<input checked="" type="checkbox"/>
PD	GERSON, ELLIOT F.	ONE TOWER SQUARE, 15 NB	HARTFORD CT	<input checked="" type="checkbox"/>
AV	BROWN, LEO R.	ONE MADISON AVENUE	NEW YORK NY	<input checked="" type="checkbox"/>
T	MARCUS, GAIL B.	ONE TOWER SQUARE, 15 NB	HARTFORD CT	<input checked="" type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY - ST - ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY - ST - ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY - ST - ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 CITY - ST - ZIP
President & CEO	Travers H. Wills	300 Opus Center, 9900 Bren Road East	Minnetonka, MN 55343	Senior V.P. & Treasurer	David P. Koppe	300 Opus Center, 9900 Bren Road East	Minnetonka, MN 55343	Secretary	Brigid M. Spicola	300 Opus Center, 9900 Bren Road East	Minnetonka, MN 55343	Director	David P. Koppe	300 Opus Center, 9900 Bren Road East	Minnetonka, MN 55343	Director	Travers H. Wills	300 Opus Center, 9900 Bren Road East	Minnetonka, MN 55343

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 617, 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

Secretary

August 6, 1996 (612) 936-1738

CR2E034 (3/96)