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Jan 29 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1175 POST ROAD EAST
WESTPORT CT 06880

Mailing Address

1175 POST ROAD EAST
WESTPORT CT 06880-5431

3. Date Incorporated or Qualified
05/12/1994

3a. Date of Last Report
08/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 9900 Bren Road E. #300

22 City & State

27 Mail Route MN08-T202

23 Zip Country

28 Minnetonka, MN

24 Zip Country

29 55343 30 U.S.

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME WILLS, TRAVERS H
STREET ADDRESS 300 OPUS CENTER, 9900 BREN ROAD EAST
CITY-ST-ZIP MINNETONKA MN 55343 ☐ DELETE

TITLE VTD
NAME KOPPE, DAVID P
STREET ADDRESS 300 OPUS CENTER, 9900 BREN ROAD EAST
CITY-ST-ZIP MINNETONKA MN 55343 ☐ DELETE

TITLE S
NAME SPICOLA, BRIGID M
STREET ADDRESS 300 OPUS CENTER, 9900 BREN ROAD EAST
CITY-ST-ZIP MINNETONKA MN 55343 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE V/D
2.2 NAME KOPPE, DAVID P.
2.3 STREET ADDRESS 9900 Bren Road East, 300 Opus Center
2.4 CITY-ST-ZIP Minnetonka, MN 55343 ☒ Change ☐ Addition

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

4.1 TITLE T
4.2 NAME WEISS, ALLAN J.
4.3 STREET ADDRESS 9900 Bren Road East, 300 Opus Center
4.4 CITY-ST-ZIP Minnetonka, MN 55343 ☐ 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 do 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

Brigid M. Spicola, Secretary 1/16/97

612-936-1738

CR2E034 (9/96)