

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000002903 (2)**

1. Corporation Name

**UNIVERSAL STANDARD MANAGED CARE, INC.**



Principal Place of Business

Mailing Address

26500 NORTHWESTERN HWY  
 SOUTHFIELD MI 48076

26500 NORTHWESTERN HWY  
 SOUTHFIELD MI 48076

3. Date Incorporated or Qualified <b>06/02/1994</b>	3a. Date of Last Report <b>11/13/1995</b>
4. FEI Number <b>38-2989627</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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 ROAD  
 PLANTATION FL 33324**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(4), 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 607.00(9), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(PRINT NAME OF REGISTERED AGENT) (PRINT NAME OF PERSON SIGNING AS REGISTERED AGENT)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>MCCLUNG, PERRY</b>	1. TITLE <input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>21705 EVERGREEN ROAD</b>	<b>SOUTHFIELD MI</b>	12. NAME	
CITY, ST, ZIP <b>SOUTHFIELD MI</b>		13. STREET ADDRESS <b>26500 Northwestern Hwy. Ste 400</b>	
TITLE <b>VCD</b>	NAME <b>WATKINS, JOHN T</b>	14. CITY, ST, ZIP <b>Southfield MI 48076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>21705 EVERGREEN ROAD</b>	<b>SOUTHFIELD MI</b>	2. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP <b>SOUTHFIELD MI</b>		27. NAME	
TITLE <b>V</b>	NAME <b>MARQUARD, THOMAS</b>	23. STREET ADDRESS <b>26500 Northwestern Hwy Sk 400</b>	
STREET ADDRESS <b>21705 EVERGREEN ROAD</b>	<b>SOUTHFIELD MI</b>	24. CITY, ST, ZIP <b>Southfield MI 48076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP <b>SOUTHFIELD MI</b>		3. NAME	
TITLE <b>TD</b>	NAME <b>KER, ALAN</b>	33. STREET ADDRESS <b>26500 Northwestern Hwy Sk 400</b>	
STREET ADDRESS <b>21705 EVERGREEN ROAD</b>	<b>SOUTHFIELD MI</b>	34. CITY, ST, ZIP <b>Southfield, MI 48076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP <b>SOUTHFIELD MI</b>		4. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SD</b>	NAME <b>WILLENS, DAVID A</b>	42. NAME	
STREET ADDRESS <b>21705 EVERGREEN ROAD</b>	<b>SOUTHFIELD MI</b>	43. STREET ADDRESS <b>26500 Northwestern Hwy Sk 400</b>	
CITY, ST, ZIP <b>SOUTHFIELD MI</b>		44. CITY, ST, ZIP <b>Southfield, MI 48076</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	NAME <b>DONAHUE, THOMAS R</b>	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>21705 EVERGREEN ROAD</b>	<b>SOUTHFIELD MI</b>	52. NAME	
CITY, ST, ZIP <b>SOUTHFIELD MI</b>		53. STREET ADDRESS	
		64. CITY, ST, ZIP	
		6. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		62. NAME	
		63. STREET ADDRESS <b>26500 Northwestern Hwy Sk 400</b>	
		64. CITY, ST, ZIP <b>Southfield, MI 48076</b>	

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: *X* **Alan Ker** 2/5/96 810-358-0810 x5225  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Print Name)

CR2E034 (12/95)