

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002903 (2)

1. Corporation Name

UNIVERSAL STANDARD MANAGED CARE, INC.



Principal Place of Business 28500 NORTHWESTERN HWY SOUTHFIELD MI 48076	Mailing Address 28500 NORTHWESTERN HWY SOUTHFIELD MI 48076-3716
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/02/1994	3a. Date of Last Report 02/27/1996
4. FEI Number 38-2989627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current 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 85 Zip Code FL
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10. Name and Address of New Registered Agent
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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 signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MCCLUNG, PERRY
STREET ADDRESS	28500 NORTHWESTERN HWY, STE 400
CITY - ST - ZIP	SOUTHFIELD MI
TITLE	VCD
NAME	WATKINS, JOHN T
STREET ADDRESS	28500 NORTHWESTERN HWY, STE 400
CITY - ST - ZIP	SOUTHFIELD MI
TITLE	V
NAME	MARQUARD, THOMAS
STREET ADDRESS	28500 NORTHWESTERN HWY, STE 400
CITY - ST - ZIP	SOUTHFIELD MI
TITLE	TD
NAME	KER, ALAN
STREET ADDRESS	28500 NORTHWESTERN HWY, STE 400
CITY - ST - ZIP	SOUTHFIELD MI
TITLE	D
NAME	DONAHUE, THOMAS R
STREET ADDRESS	28500 NORTHWESTERN HWY, STE 400
CITY - ST - ZIP	SOUTHFIELD MI
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CD Eugene Sennings
2.3 STREET ADDRESS	28500 Northwestern Hwy, 400
2.4 CITY - ST - ZIP	Southfield, MI 48076
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD + S Ker, Alan
4.3 STREET ADDRESS	28500 Northwestern Hwy #400
4.4 CITY - ST - ZIP	Southfield MI 48076
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:  4/69/97

CR2E034 (9/96)