

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90397 001 ***150.00

DOCUMENT # F94000005048

1. Entity Name
USA MANAGED CARE ORGANIZATION, INC.



Principal Place of Business
916 CAPITAL OF TEXAS HWY S
AUSTIN, TX 78746 US

Mailing Address
7301 N. 16TH STREET, SUITE 201
PHOENIX, AZ 85020

40057650



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006 Chg-P CR2E034 (11/05)

4. FEI Number
75-2365063

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BOGLE, GEORGE E
STREET ADDRESS 916 CAPITAL OF TEXAS HWY S.
CITY-ST-ZIP AUSTIN, TX 78746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME BOGLE, G. M
STREET ADDRESS 7301 N. 16TH ST., STE. 201
CITY-ST-ZIP PHOENIX, AZ 78746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME BOGLE, NANCY
STREET ADDRESS 916 S CAPITAL OF TEXAS HWY.
CITY-ST-ZIP AUSTIN, TX 78746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSCO ☐ Delete
NAME SMITH, DONNA
STREET ADDRESS 916 S CAPITAL OF TEXA HWY.
CITY-ST-ZIP AUSTIN, TX 78746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MANZELLO, JOSEPH
STREET ADDRESS 916 S CAPTIAL OF TX HWY
CITY-ST-ZIP AUSTIN, TX 78746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME PARKS, SHIRLEY
STREET ADDRESS 7301 N 16TH ST., STE. 201
CITY-ST-ZIP PHOENIX, AZ 85020

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shirley Parks Shirley Parks, VP 04/20/06 (602) 371-3860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #