2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# F94000005048

Entity Name: USA MANAGED CARE ORGANIZATION, INC.

Current Principal Place of Business:

916 CAPITAL OF TEXAS HWY S
AUSTIN, TX 78746 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 75-2365063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOGLE, GEORGE E
Address: 916 CAPITAL OF TEXAS HWY S.
City-St-Zip: AUSTIN, TX 78746

Title: PD ( ) Delete
Name: BOGLE, G. M
Address: 7301 N. 16TH ST., STE. 201
City-St-Zip: PHOENIX, AZ 78746

Title: DV ( ) Delete
Name: BOGLE, NANCY
Address: 916 S CAPITAL OF TEXAS HWY.
City-St-Zip: AUSTIN, TX 78746

Title: VSCO ( ) Delete
Name: SMITH, DONNA
Address: 916 S CAPITAL OF TEXA HWY.
City-St-Zip: AUSTIN, TX 78746

Title: V ( ) Delete
Name: PARKS, SHIRLEY
Address: 7301 N 16TH ST., STE. 201
City-St-Zip: PHOENIX, AZ 85020

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFO ( ) Change (X) Addition
Name: GODLASKI, MIKI
Address: 7301 N 16TH STREET, STE 201
City-St-Zip: PHOENIX, AZ 85020 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY PARKS V 04/03/2009

Electronic Signature of Signing Officer or Director Date