

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005048

FILED
Mar 29, 2010
Secretary of State

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY PARKS

V

03/29/2010

Electronic Signature of Signing Officer or Director

Date