

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004605 (0)**

1. Corporation Name

MANAGED CARE OF AMERICA, INC.



Principal Place of Business

**820 PARISH ST
PITTSBURGH PA 15220**

Mailing Address

**820 PARISH ST
PITTSBURGH PA 15220**

2. Principal Place of Business

21 Subj. Apt. #, etc.

22 City & State

23 Zip

24 County

2a. Mailing Address

26 Subj. Apt. #, etc.

27 City & State

28 Zip

29 County

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/22/1995

3a. Date of Last Report

1995

4. FEI Number

25-1687916

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 602.02(2)(b), 602.02(2)(c), 602.02(2)(d), 602.02(2)(e), 602.02(2)(f), 602.02(2)(g), 602.02(2)(h), 602.02(2)(i), 602.02(2)(j), 602.02(2)(k), 602.02(2)(l), 602.02(2)(m), 602.02(2)(n), 602.02(2)(o), 602.02(2)(p), 602.02(2)(q), 602.02(2)(r), 602.02(2)(s), 602.02(2)(t), 602.02(2)(u), 602.02(2)(v), 602.02(2)(w), 602.02(2)(x), 602.02(2)(y), 602.02(2)(z), 602.02(3), 602.02(4), 602.02(5), 602.02(6), 602.02(7), 602.02(8), 602.02(9), 602.02(10), 602.02(11), 602.02(12), 602.02(13), 602.02(14), 602.02(15), 602.02(16), 602.02(17), 602.02(18), 602.02(19), 602.02(20), 602.02(21), 602.02(22), 602.02(23), 602.02(24), 602.02(25), 602.02(26), 602.02(27), 602.02(28), 602.02(29), 602.02(30), 602.02(31), 602.02(32), 602.02(33), 602.02(34), 602.02(35), 602.02(36), 602.02(37), 602.02(38), 602.02(39), 602.02(40), 602.02(41), 602.02(42), 602.02(43), 602.02(44), 602.02(45), 602.02(46), 602.02(47), 602.02(48), 602.02(49), 602.02(50), 602.02(51), 602.02(52), 602.02(53), 602.02(54), 602.02(55), 602.02(56), 602.02(57), 602.02(58), 602.02(59), 602.02(60), 602.02(61), 602.02(62), 602.02(63), 602.02(64), 602.02(65), 602.02(66), 602.02(67), 602.02(68), 602.02(69), 602.02(70), 602.02(71), 602.02(72), 602.02(73), 602.02(74), 602.02(75), 602.02(76), 602.02(77), 602.02(78), 602.02(79), 602.02(80), 602.02(81), 602.02(82), 602.02(83), 602.02(84), 602.02(85), 602.02(86), 602.02(87), 602.02(88), 602.02(89), 602.02(90), 602.02(91), 602.02(92), 602.02(93), 602.02(94), 602.02(95), 602.02(96), 602.02(97), 602.02(98), 602.02(99), 602.02(100), I am familiar with and accept the filing of this report. Secretary of State

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	HUGHES, PAUL R	
STREET ADDRESS	820 PARISH ST	
CITY, ST, ZIP	PITTSBURGH PA 15220	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HUGHES, PHYLLIS L	
STREET ADDRESS	820 PARISH ST	
CITY, ST, ZIP	PITTSBURGH PA 15220	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DAVIDSON, CHARLES E	
STREET ADDRESS	820 PARISH ST	
CITY, ST, ZIP	PITTSBURGH PA 15220	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VER HULST, JAY R	
STREET ADDRESS	5900 ROCHE DR	
CITY, ST, ZIP	COLUMBUS OH 43229	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied by this filing is true and correct, and that I am an officer or director of the corporation, or the president or trustee of a corporation, 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 president or trustee of a corporation, and that my signature shall have the same legal effect as if made under oath, and that the information appears in Block 12 or Block 13 is correct, or an addition to the information.

SIGNATURE:

Paul R. Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

412-922-2803

CR2E034 (12/95)