

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000004605**

1. Corporation Name

Managed Care of America, Inc.
820 Parish Street
Pittsburgh, PA 15220

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
9/22/95

3a. Date of Last Report

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. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 typed application

(If 201, Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C/P/D	<input type="checkbox"/> DELETE
NAME	Paul R. Hughes	
STREET ADDRESS	820 Parish Street	
CITY- ST- ZIP	Pittsburgh, PA 15220	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	Charles E. Davidson	
STREET ADDRESS	820 Parish Street	
CITY- ST- ZIP	Pittsburgh, PA 15220	
TITLE	S/T/D	<input type="checkbox"/> DELETE
NAME	Phyllis L. Hughes	
STREET ADDRESS	820 Parish Street	
CITY- ST- ZIP	Pittsburgh, PA 15220	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Jay R. Ver Hulst	
STREET ADDRESS	5900 Roche Drive	
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

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
1.2 NAME	Dennis A. Casey	
1.3 STREET ADDRESS	820 Parish Street	
1.4 CITY- ST- ZIP	Pittsburgh, PA 15220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
2.2 NAME	Timothy L. Horn	
2.3 STREET ADDRESS	1550 West Henderson Road	
2.4 CITY- ST- ZIP	Columbus, OH 43214	<input type="checkbox"/> Change <input type="checkbox"/> Add on
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add on
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add on
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add on
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add on
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add on
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add on
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add on
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add on

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

(412) 922-2803

CR2E034 (12/95)