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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 15220-3405

3. Date Incorporated or Qualified 09/22/1995
3a. Date of Last Report 04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

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 type to be printed (view of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input type="checkbox"/> DELETE
NAME	CASEY, DENNIS A	
STREET ADDRESS	820 PARISH STREET	
CITY - ST - ZIP	PITTSBURGH PA 15220	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORN, TIMOTHY L	
STREET ADDRESS	1550 WEST HENDERSON ROAD	
CITY - ST - ZIP	COLUMBUS OH 43214	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Horn, Timothy L
6.3 STREET ADDRESS	5900 Roche Drive
6.4 CITY - ST - ZIP	Columbus, OH 43229

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, DIRECTOR

2/3/97

(4/2) 922-2803

Daytime Phone #

0007226

CR2E034 (9/96)