

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # F95000005828 (7)

1. Corporation Name
EAGLE MANAGED CARE CORP.



Principal Place of Business

PO BOX 546
CAMP HILL PA 17001

Mailing Address

PO BOX 546
CAMP HILL PA 17001-0546

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/30/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

25-1724201

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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME FELDMAN, JOEL F
STREET ADDRESS 431 RAILROAD AVE
CITY-ST-ZIP SHIREMANSTOWN PA 17011

TITLE ST ☒ DELETE

NAME SPICHER, JEFFREY A
STREET ADDRESS 431 RAILROAD AVE
CITY-ST-ZIP SHIREMANSTOWN PA 17011

TITLE D ☐ DELETE

NAME BROWN, FRANKLIN C
STREET ADDRESS 30 HUNTER LANE
CITY-ST-ZIP CAMP HILL PA 17011

TITLE D ☐ DELETE

NAME BRGONZI, FRANK
STREET ADDRESS 30 HUNTER LANE
CITY-ST-ZIP CAMP HILL PA 17011

TITLE D ☐ DELETE

NAME GRASS, MARTIN
STREET ADDRESS 30 HUNTER LANE
CITY-ST-ZIP CAMP HILL PA 17011

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

18.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP
8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

9.1 TITLE ☐ Change ☐ Addition

9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-ZIP

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]*

4-25-97

(212) 761-2632

CR2E034 (9/96)