

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005828

1. Entity Name

EAGLE MANAGED CARE CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90929 017 ***150.00

Principal Place of Business PO BOX 3165 HARRISBURG PA 17105	Mailing Address PO BOX 3165 HARRISBURG PA 17105-3165
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 25-1724201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHARLES KIBLEIZ	
STREET ADDRESS	30 HUNTER LN	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FRANK BERGONZI	
STREET ADDRESS	30 HUNTER LN	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	S	<input type="checkbox"/> Delete
NAME	I. LAWRENCE GELMAN	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOSEPH SPEAKER	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN BROWN	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELLIOT GERSON	
STREET ADDRESS	30 HUNTER LN	
CITY-ST-ZIP	CAMP HILL PA 17011	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES KIBLER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES KRAHULEC	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with or without the empowered.

SIGNATURE: ELLIOT S. GERSON 4/10/00 (717) 761-2633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)