

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002939

1. Entity Name

TDI MANAGED CARE SERVICES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90169 039 ***150.00

Principal Place of Business

Mailing Address

620 EPSILON DR
 PITTSBURGH PA 15238-2876
 US

POB 10001
 A/2-720
 DALLAS TX 75301-0001
 US

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

51-0353040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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.
 (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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, F A	
STREET ADDRESS	8333 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANTO, J M	
STREET ADDRESS	8333 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, S G	
STREET ADDRESS	8333 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	P	<input type="checkbox"/> Delete
NAME	NEWMAN, F A	
STREET ADDRESS	8333 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	GLADYSZ, M W	
STREET ADDRESS	8333 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	V S	<input type="checkbox"/> Delete
NAME	LEWIS, R E	
STREET ADDRESS	8333 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 33777	

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	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAWRINER, JEFFREY	
STREET ADDRESS	6501 LEGACY DR	
CITY-ST-ZIP	PLANO TX 75024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALSH, STEPHEN	
STREET ADDRESS	6501 LEGACY DR	
CITY-ST-ZIP	PLANO TX 75024	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN WALSH 4/25/00

Date

(912) 431-2060

Daytime Phone #

CR2E034 (9/99)