

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000002939

1. Entity Name
TDI MANAGED CARE SERVICES, INC.



Principal Place of Business
620 EPSILON DR
PITTSBURGH, PA 15238-2876 US

Mailing Address
POB 10001
A/2-720
DALLAS, TX 75301 US



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	VAWRINEK, JEFFREY
STREET ADDRESS	6501 LEGACY DR
CITY-ST-ZIP	PLANO, TX 75024
TITLE	VSD
NAME	LEWIS, R E
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO, FL 33777
TITLE	P
NAME	MARASCO, FA
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO, FL 33777
TITLE	SVPD
NAME	MILLER, DP
STREET ADDRESS	8333 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000148974
15/03/04-80167-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J.J. Vawrinek*

J.J. VAWRINEK

4/28/04

972-431-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #