NO 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
97 JUN 23 AM 10:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F96000004512 (7)

1. Corporation Name
MANAGED CARE ASSISTANCE CORPORATION, INC.

Principal Place of Business	Mailing Address
1203 GOVERNOR SQ BLVD #302 TALLAHASSEE FL 32301	1203 GOVERNOR SQ BLVD #302 TALLAHASSEE FL 32301-2960

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

2. Principal Place of Business	2a. Mailing Address
21 11821 Parklawn Dr.	26 11821 Parklawn Dr.
Suite, Apt. #, etc. 22 Lower Level	Suite, Apt. #, etc. 27 Lower Level
City & State 23 Rockville, MD	City & State 28 Rockville, MD
Zip 24 20852 — Country 25 USA	Zip 29 20852 — Country 30 USA

4. FEI Number: 52-1917801 ☐ 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

9. Name and Address of Current Registered Agent

MOORE, SUSAN
1203 GOVERNOR SQ BLVD #302
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: DIANNE HEFFRON
82 Street Address (P.O. Box Number is Not Acceptable): 1853 Capital Circle NE. Suite C
83
84 City: Tallahassee FLORIDA 85 Zip Code: 32308

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] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 5/15/97

12. OFFICERS AND DIRECTORS

TITLE	DCP	☐ DELETE
NAME	CASTILLON, FRANCISCO L MPA	
STREET ADDRESS	2463 ELM ST	
CITY-ST-ZIP	LIVE OAK CA 25953	
TITLE	DS	☐ DELETE
NAME	DUBOSE, JANICE	
STREET ADDRESS	1000 ADAMS AVE	
CITY-ST-ZIP	MONTGOMERY AL 36107-0365	
TITLE	DT	☐ DELETE
NAME	GARDNER, ROLAND	
STREET ADDRESS	BOX 357 HWY 170	
CITY-ST-ZIP	RIDGELAND SC 29936	
TITLE	D	☐ DELETE
NAME	MORRIS, CAROLE	
STREET ADDRESS	107 W 4TH ST	
CITY-ST-ZIP	MOUNT VERNON NY 10550	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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		☐ Change ☐ Addition
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		☐ Change ☐ Addition
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		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	Dep 3165	

CR2E034 (9/96)

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]