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FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F96000004512 (7)**

1. Corporation Name
MANAGED CARE ASSISTANCE CORPORATION, INC.

Principal Place of Business	Mailing Address
11821 PARKLAWN DR. LOWER LEVEL ROCKVILLE MD 20852	11821 PARKLAWN DR. LOWER LEVEL ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
09/04/1996

4. FEI Number
52-1917801
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ [redacted] Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HEFFRON, DIANNE
1853 CAPITAL CIRCLE NE
SUITE C
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent
81 Name L. DAVID TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable) 851 TRAFALGAR COURT STE 225
83
84 City MAITLAND FL 85 Zip Code 32751

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] L. DAVID TAYLOR DATE 5/5/98
Signature required for profit corporations and LLCs. If applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	☐ DELETE	1.1 TITLE	D/V ☒ Change ☐ Addition
NAME	CASTILLON, FRANCISCO L MPA		1.2 NAME	
STREET ADDRESS	2463 ELM ST		1.3 STREET ADDRESS	15100 WEST ELMAR LANE APT 9B
CITY-ST-ZIP	LIVE OAK CA 25953		1.4 CITY-ST-ZIP	KERMAN, CA 93630
TITLE	DS	☐ DELETE	2.1 TITLE	D/P ☐ Change ☒ Addition
NAME	DUBOSE, JANICE		2.2 NAME	TOM VAN COVERDEN
STREET ADDRESS	1000 ADAMS AVE		2.3 STREET ADDRESS	4782 WELLESLEY DRIVE
CITY-ST-ZIP	MONTGOMERY AL 36107-0365		2.4 CITY-ST-ZIP	WOODBRIDGE VA 22192
TITLE	DT	☒ DELETE	3.1 TITLE	D/T ☐ Change ☒ Addition
NAME	GARDNER, ROLAND		3.2 NAME	JOHN MENGENHAUSEN
STREET ADDRESS	BOX 357 HWY 170		3.3 STREET ADDRESS	208 S. MAIN STREET
CITY-ST-ZIP	RIDGELAND SC 29936		3.4 CITY-ST-ZIP	HOWARD, SD 57349
TITLE	D	☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	MORRIS, CAROLE		4.2 NAME	BERNARD SIMMONS
STREET ADDRESS	107 W 4TH ST		4.3 STREET ADDRESS	32 CARTER ROAD
CITY-ST-ZIP	MOUNT VERNON NY 10550		4.4 CITY-ST-ZIP	TYLERTOWN, MS 39667
TITLE		☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME			5.2 NAME	CORNELL SCOTT
STREET ADDRESS			5.3 STREET ADDRESS	400 COLUMBUS AVE
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NEW HAVEN, CT 06519
TITLE		☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME			6.2 NAME	LOWELL WEICKER, JR.
STREET ADDRESS			6.3 STREET ADDRESS	1919 DUFFIELD LANE
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ALEXANDRIA, VA 22307

CR2E034 (10/97)

14. 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 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] L. DAVID TAYLOR DATE 5/5/98

DOCUMENT # F96000004512 (7)
MANAGED CARE ASSISTANCE CORPORATION, INC.

FEI NUMBER 52-1917801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1	TITLE	D	ADDITION X
7.2	NAME	ROBERT WENGER	
7.3	ST ADD.	4711 CUMBERLAND AVENUE	
7.4	CITY-ST-ZP	CHEVY CHASE , MD 20815	
8.1	TITLE	D	ADDITION X
8.2	NAME	JAMES HOOLEY	
8.3	ST ADD.	18 JOSSELYN AVENUE	
8.4	CITY-ST-ZP	DUXBURY, MA 02332	
9.1	TITLE	D	ADDITION X
9.2	NAME	JOHN EVERETS	
9.3	ST ADD.	72 CHESTNUT STREET	
9.4	CITY-ST-ZP	BOSTON, MA 02108	