

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90130 006 ***150.00

DOCUMENT # F96000004512

1. Corporation Name

MANAGED CARE ASSISTANCE CORPORATION. INC.

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

Mailing Address
11821 PARKLAWN DR
LOWER LEVEL
ROCKVILLE. MD 20852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/04/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	52-1917801	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 Country	29 Country	7. Trust Fund Contribution	
25	30	8. This corporation owes the current year Intangible Personal Property Tax.	Yes No

9. Name and Address of Current Registered Agent

L. DAVID TAYLOR
851 TRAFALGAR COURT
SUITE 225
MAITLAND. FL 32751

10. Name and Address of New Registered Agent

81 Name PATRICIA ROGERS
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 Patricia Rogers PATRICIA R ROGERS, U.P. 4/13/99
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP VANCOVERDEN. TOM <input type="checkbox"/> DELETE	1.1 TITLE	D LIERMAN. TERRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4782 WELLESLEY DRIVE	1.2 NAME	426 C STREET NE
STREET ADDRESS	WOODBIDGE. VA 22192	1.3 STREET ADDRESS	WASHINGTON. D.C. 20002
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WEICKER JR. LOWELL <input type="checkbox"/> DELETE	2.1 TITLE	D WEICKER JR. LOWELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1919 DUFFIELD LANE	2.2 NAME	35 BLENHEIM ROAD
STREET ADDRESS	ALEXANDRIA. VA 22307	2.3 STREET ADDRESS	CHARLOTTESVILLE. VA 22902
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DVC CASTILLON. FRANCISCO L. <input type="checkbox"/> DELETE	3.1 TITLE	DVC CASTILLON. FRANCISCO L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15100 WEST ELMAR LN APT 9B	3.2 NAME	1225 8TH STREET STE 425
STREET ADDRESS	KERMAN. CA 93630	3.3 STREET ADDRESS	SACRAMENTO CA 95814
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DT MENGENHAUSEN. JOHN <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	208 S MAIN STREET	4.2 NAME	
STREET ADDRESS	HOWARD. SD 57349	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DS DUBOSE. JANICE <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	100 ADAMS AVENUE	5.2 NAME	
STREET ADDRESS	MONTGOMERY. AL 36107-0365	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SCOTT. CORNELL <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	400 COLUMBUS AVENUE	6.2 NAME	
STREET ADDRESS	NEW HAVEN. CT 06519	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

F96000004512
444843-901306

MANAGED CARE ASSISTANCE CORPORATION, INC.

BOARD OF DIRECTORS CONTINUED FROM # 12 ON FORM

7.1	TITLE	D
7.2	NAME	WENGER, ROBERT
7.3	ST. ADD.	4711 CUMBERLAND AVENUE
7.4	CITY-ST-ZP	CHEVY CHASE, MD 20815

8.1	TITLE	D
8.2	NAME	HOOLEY, JAMES
8.3	ST. ADD	18 JOSSELYN AVENUE
8.4	CITY-ST-ZP	DUXBURY, MA 02332

9.1	TITLE	D
9.2	NAME	SIMMONS, BERNARD
9.3	ST. ADD	32 CARTER ROAD
9.4	CITY-ST-ZP	TYLERTOWN, MS 39667

10.1	TITLE	D
10.2	NAME	EVERETS, JOHN
10.3	ST. ADD	72 CHESTNUT STREET
10.4	CITY-ST-ZP	BOSTON, MA 02108