SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F9700000503 (9)

FLORIDA DOCTORS MANAGED CARE ADVISORS, INC.

FILED Jul 21 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | . (0 (1) | |
|---|---|---|---------------------------------|--|--|--|
| 3761 E. LINCOLN WAY. SUITE 156 CHEYENNE WY 82001 | | 3761 E. LINCOLN WAY. SUITE 156 CHEYENNE WY 82001 | | DO NOT WRITE IN TH | IIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | 7.00 | |
| · · · · · · · · · · · · · · · · · · · | | | | 01/30/1997 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FÉI Number | Applied For | |
| 21 | | 26 P.O. BOX 813907 | | - APPLIED FOR | Not Applicable | |
| Suite, Apt. #, etc. | | Sulte, Apt, #, etc. | . 1 | 5. Certificate of Status Desired | \$8.75 Additional | |
| City & State | | 27 7011400 | v c | | Fee Required | |
| City & State | | 28 FLOCI | کے | 6. Election Campaign Financing | \$5.00 May Be | |
| Zip | Country | 28 FCON | Country | Trust Fund Contribution | Added to Fees | |
| 24 | 25 | 23081 | 30 V SA | 8. This corporation owes or has paid the o | urrent year Intangible | |
| | 9. Name and Address of Curr | | 301 | Personal Property Tax due June 30. 10. Name and Address of New Registere | | |
| DEN | ARO, JOHN | = | 81 Name |) - A C 1 | u Agent | |
| 4983 79TH AVENUE DRIVE EAST | | | Same of Previous | | | |
| | ASOTA FL 34243 | | 82 Street Ac | Idress (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | | |
| | | | | | | |
| | | | 84 City | F | 85 Zip Code | |
| oπice or agent. I | t to the provisions of sections 607.05 registered agent, or both, in the Sta am amiliar with, and Accept the obl | ite of Florida. Such change was ai | uthorized by the coroora | poration submits this statement for the purpose of ation's board of directors. I hereby accept the app | changing its registered ointment as registered | |
| SIGNATURE | Sphature, typed or printed name of registered a | gent and title if applicable (NOT | E: Registered Agent signature i | equired when reinstating) OATE | <u>'/ / 0 </u> | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 | |
| TITLE | POST | DELETE | 1.1 TITLE | | Change Addition | |
| NAME | 400 W. KING STREET, SUITE 301 CARSON CITY NV 89703 138 211 22 N | | 1.2 NAME | 12 NAME | | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | | | 2 1 TITLE | Change Addition | | |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | | - · · · · · · · · · · · · · · · · · · · | 2.4 CITY-ST-ZIP | | | |
| NAME | [] OLGETE | | 3.1 TITLE | | Change Addition | |
| STREET ADDRESS | | | 3.2 NAME | | | |
| CITY-ST-ZIP | | | 3.3 STREET ADDRESS | | | |
| TITLE | | | 3.4 CITY-ST-ZIP 4.1 TITLE | | Channe | |
| NAME | 12.1 Dece 12 | | 4.2 NAME | 800002596 | Change Addition | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | -07/22/02ninca | -07/23/9801063017 | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | ***150.00 | -U1 (| |
| TITLE | | | 5.1 TITLE | ************************************** | Change Addition | |
| NAME | 5.2 NA 5.3 STI | | 5.2 NAME | Onlingo Addition | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | sachőzkies | a d ∈ | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | -07X27/18-Z01063016 | | |
| TITLE | | DELETE | 6.1 TITLE | ***150.00 | Change Addition | |
| NAME | | | 6.2 NAME | — — » и эсыс | 7] | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | 11/1 | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | _ (in) | |
| 14. I hereby ce | ortify that the information supplied wi | th this filing does not qualify for the | exemption stated in se | ction 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 an 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 mangedy or on an affactment with an address.

DEALTH