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FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000859 (5)

1. Corporation Name

USA MANAGED HEALTH & WELLNESS RESOURCES GROUP, I
NC.

Principal Place of Business

7301 N. 16TH, #201
PHOENIX AZ 85020

Mailing Address

7301 N. 16TH, #201
PHOENIX AZ 85020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

74-2810999

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Election Campaign Financing

☐

\$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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THURNER, ROBERT
STREET ADDRESS 916 CAPITAL OF TEXAS HWY.
CITY-ST-ZIP AUSTIN TX 78746 ☒ DELETE

TITLE VTDC
NAME MARTIN, W J
STREET ADDRESS 7301 N. 16TH, #201
CITY-ST-ZIP PHOENIX AZ 85020 ☐ DELETE

TITLE S
NAME SARA, WENDY
STREET ADDRESS 7301 N. 16TH, #201
CITY-ST-ZIP PHOENIX AZ 85020 ☐ DELETE

TITLE D
NAME BOGLE, GEORGE E
STREET ADDRESS 916 CAPITAL OF TEXAS HWY.
CITY-ST-ZIP AUSTIN TX 78746 ☐ DELETE

TITLE D
NAME BOGLE, G M
STREET ADDRESS 7301 N. 16TH, #201
CITY-ST-ZIP PHOENIX AZ 85020 ☐ DELETE

TITLE D
NAME BOGLE, KATHERINE
STREET ADDRESS 8400 E. PRENTICE AVE., #150
CITY-ST-ZIP ENGLEWOOD CO 80111 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NANCY BOGLE-DIRECTOR ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 916 SOUTH CAPITAL OF TEXAS HWY
1.4 CITY-ST-ZIP AUSTIN, TEXAS 78746

2.1 TITLE MARTIN, WJ - VTDC ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 916 SOUTH CAPITAL OF TEXAS HWY
2.4 CITY-ST-ZIP AUSTIN, TEXAS. 78746

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

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:  WENDY SARA, CORPORATE SECRETARY 3-4-98 602-371-3860

CR2E034 (10/97)