


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90021 030 ***150.00

DOCUMENT # F97000002473

1. Entity Name
MCA ADMINISTRATORS, INC.



Principal Place of Business Mailing Address

~~820 PARISH ST~~ ~~820 PARISH ST~~
 PITTSBURGH, PA 15220 PITTSBURGH, PA 15220

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1910 Cochran Road 1910 Cochran Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 605 Manor Oak Two Suite 605 Manor Oak Two

City & State City & State

Pittsburgh PA Pittsburgh PA

Zip Country Zip Country

15220 USA 15220 USA



01162008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CT Corporation System

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	SHEHAB, PHYLLIS L HUGHES	
STREET ADDRESS	820 PARISH ST	
CITY-ST-ZIP	PITTSBURGH, PA 15220	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIDSON, CHARLES E	
STREET ADDRESS	820 PARISH ST	
CITY-ST-ZIP	PITTSBURGH, PA 15220	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CASEY, DENNIS A	
STREET ADDRESS	820 PARISH STREET	
CITY-ST-ZIP	PITTSBURGH, PA 15220	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BECK, JOHN G.	
STREET ADDRESS	820 PARISH STREET	
CITY-ST-ZIP	PITTSBURGH, PA 15220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis A. Casey Dennis A. Casey 1/22/08 412-922-2803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #