

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90012 046 ***550.00

DOCUMENT # F98000001894

1. Corporation Name

MANAGED CARE USA SERVICES, INC.



Principal Place of Business

**4401 BARCLAY DOWN DRIVE
CHARLOTTE NC 28209-4604**

Mailing Address

**4401 BARCLAY DOWN DRIVE
CHARLOTTE NC 28209-4604**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1998

4. FEI Number

56-1878710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 ☐ DELETE

NAME **MARIANO, STEVEN M**
STREET ADDRESS **4401 BARCLAY DOWN DRIVE**
CITY-ST-ZIP **CHARLOTTE NC 28209-4604**

TITLE ☐ DELETE

NAME **SD DUNN, DAVID H**
STREET ADDRESS **4401 BARCLAY DOWN DRIVE**
CITY-ST-ZIP **CHARLOTTE NC 28209-4604**

TITLE ☐ DELETE

NAME **D GIVENS, C. S**
STREET ADDRESS **4401 BARCLAY DOWN DRIVE**
CITY-ST-ZIP **CHARLOTTE NC 28209-4604**

TITLE ☒ DELETE

NAME **T GRANOW, ROBERT W**
STREET ADDRESS **4401 BARCLAY DOWN DRIVE**
CITY-ST-ZIP **CHARLOTTE NC 28209-4604**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Matthew R Pollak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/99
Date

(704) 945-2830
Daytime Phone #

CR2E034 (5/99)

0117564