2000 UNIFORM BUSINESS REPORT (UBR)									
DOCUMENT # F98000001894  1. Entity Name						SU 186-900			
MANAGED CARE USA SERVICES, INC.									
Principal Place of Business Mailing Address						00 JUN -8 PM 2:51			
4401 BARCLAY	• • • • • •	4401 BARCLAY DOWN DRIVE CHARLOTTE NC 28209-4604			-	SECRETARY OF STATE. TALLAHASSEE, FLORIDA			
CHARLOTTE NC	202094004	CHARLOTTE NO 20203-4004					TALLANASSEL		
2. Principal P	lace of Business	3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRITE IN THIS S	SPACE	( #(#r 100)
City & State		City & State				<b>4.</b> F	El Number 56-1878710		plied For
Zip	Country	Zip Count		ntry	5. C		Partificate of Status Desired	\$8.75 Add	
	. 6. Name and Address of Current Re	gistered Agent				7. N	lame and Address of New Registered A	Fee Required Agent	
·				Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLAN	TATION FL 33324			City		<b>□</b> 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.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
9. This corporation is eligible to satisfy its Intangible  FILE NOW!!! FEE IS \$150.00							Total Indiana		
Tax filing r	After MAY 1, 200	fter MAY 1, 2000 Fee will be \$550.00			_	10. Election Campaign Financing Trust Fund Contribution.	<b>\$5.0</b> Added	May Be to Fees	
(See criter	ia on back)   OFFICERS AND DI	Make Check Payab	le to D	epartment	t of State		DITIONS/CHANGES TO OFFICERS AND	DIRECTOR!	S IN 11
TITLE /	PC	☐ Delete	TITL	E		- 100	<u> </u>	☐ Change	Addition
NAME STREET ADDRESS	MARIANO, STEVEN M		NAM	1E EET ADDRESS					-11
CITY-ST-ZIP	4401 BARCLAY DOWN DRIVE CHARLOTTE NC 28209-4604			/-ST-ZIP			300003290: 	<b>년4</b> 년 1052(	<b>1</b> 108
TITLE	SD	☐ Delete	TITL				****150.00	Change .	5C Addition
NAME STREET ADDRESS	DUNN, DAVID H 4401 BARCLAY DOWN DRIVE		NAM STRI	ME EET ADDRESS					
CITY-ST-ZIP	CHARLOTTE NC 28209-4604		CITY	/-ST-ZIP					
TITLE	D	Delete _	. TITL NAM		TER	5 F	PAFF : ::	Change	Addition
NAME STREET ADDRESS	GIVENS, C. S 4401 BARCLAY DOWN DRIVE			eet address	440	( (	PAFF BARCHY DOWNS DR OTHE, NC 28209-4604		
CITY-ST-ZIP	CHARLOTTE NC 28209-4604		CITY	/-ST-ZIP	CHA	HRL	OTTE, NC 28209 - 4604	<u></u>	
TITLE	COOK CTERLEN P	Delete	TITL					☐ Change	Addition
name Street address	COOK, STEPHEN B 4401 BARCLAY DOWNS DRIVE			EET ADDRESS					:
CITY-ST-ZIP	CHARLOTTE NC 28209-4604		CITY	/-ST-ZIP					
TITLE 💥	T   Pollak, Matthew R	Delete	TITL NAM					☐ Change	Addition Addition
STREET ADDRESS	4401 BARCLAY DOWNS DRIVE			EET ADDRESS					
CITY-ST-ZIP	CHARLOTTE NC 28209-4604		CITY	r-St-ZIP				<del></del>	
TITLE NAME		, Delete	TITL					☐ Change	Addition
STREET ADDRESS				eet address			: , <b>F</b> 9		
CITY-ST-ZIP			_	/-ST-ZIP			(40 OT(0)(0) Florida Otto (40 OT	1 at6 at a - 1	
13. 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 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 11 or Block 12 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 DEFECTOR  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DEFECTOR  Destring Phone #									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BRECTOR  STEPHEN B-COOK, THEMSOREM.   Date Destine Phone *									