FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:31

DOCUMENT # **H34361** **(6)**

1. Corporation Name
MANAGED PATIENT CARE, INC.

Principal Place of Business	Mailing Address
ONE PROSPECT PARK 5249 N.W. 33RD AVE., BUILDING 6, BAY A FT. LAUDERDALE FL 33309	ONE PROSPECT PARK 5249 N.W. 33RD AVE., BUILDING 6, BAY A FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1984
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2530780 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHLEIFER, STEVEN
949 NE 62ND ST
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name: SCHLEIFER, STEVEN
82 Street Address (P.O. Box Number is Not Acceptable): 5249 NW 33rd Avenue
83: Ft. Lauderdale, FL 33309
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: Sec. DATE: 1-10-95
(Signature, typed or printed name of registered agent and date of signature) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V DARZENTAS, LAZARUS J. 949 NE 62ND ST FT LAUDERDALE FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	Vice President-Director DARZENTAS, LAZARUS J. 5249 NW 33rd Ave., Ft. Laud. FL 33309 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VS SCHLEIFER, STEVEN 949 NE 62ND ST FT LAUDERDALE FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	VP - Secretary - Director SCHLEIFER, STEVEN 5249 NW 33rd Ave., Ft. Laud. FL 33309 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V LEWIS, LLOYD 949 NE 62ND STREET FT. LAUDERDALE FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	Delete ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VT DEL GIACCO, A ROBERT 949 NE 62ND STREET FT. LAUEDERDALE FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	VP - Treasurer - Director DEL GIACCO, A. ROBERT 5249 NW 33rd Ave., Ft. Laud. FL 33309 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P TRINLEY, ROBERT J 949 NE 62ND ST FT LAUDERDALE FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	President - Director TRINLEY, ROBERT J. 5249 NW 33rd Ave., Ft. Laud. FL 33309 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 above, or on any attachment with an address.

SIGNATURE: [signature] VP/A.R. DelGiacco 1-10-95 (305) 777-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0433003 FF