

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Sep 23 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 # H 34361
1. Corporation Name

Managed Patient Care Inc.

Principal Place of Business

Mailing Address

5249 N.W. 33rd Ave Bldg
6 Bay
Ft. Lauderdale, FL 33309

1000 Mansell Exchange
West, Suite 230
Alpharetta, GA 30022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/14/1984

2. Principal Place of Business

2a. Mailing Address

21 5249 N.W. 33rd Ave Bldg.
Suite, Apt. #, etc.

26 1000 Mansell Exchange W.
Suite, Apt. #, etc.

4. FEI Number

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

22 6 Bay
City & State

27 Suite 230
City & State

23 Ft. Lauderdale FL
Country

28 Alpharetta, GA
Country

24 33309
Zip

25 Broward
County

29 30022
Zip

30 Fulton
County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Corporate Services Corporation
82 Street Address (P.O. Box Number is Not Acceptable)
120 Hays Street
83
84 City Tallahassee FL 85 Zip Code 32301

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

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	Daryndas, Lazarus J.
STREET ADDRESS	5249 N.W. 33rd Ave
CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE	VPSD <input checked="" type="checkbox"/> DELETE
NAME	Schleifer, Steven
STREET ADDRESS	5249 N.W. 33rd Ave
CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE	VPTD <input checked="" type="checkbox"/> DELETE
NAME	DelGracco, A Robert
STREET ADDRESS	5249 N.W. 33rd Ave - Ft. Lauderdale, FL
CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	Tinley, Robert J
STREET ADDRESS	5249 N.W. 33rd Ave
CITY-ST-ZIP	Ft. Lauderdale FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Bob L. Wood, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1000 Mansell Exchange West, Suite 230
1.4 CITY-ST-ZIP	Alpharetta, GA 30022
2.1 TITLE	Chief Operating Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Frank Magliochetti
2.4 CITY-ST-ZIP	175 Cabot St., 4th Fl., Lowell, MA 01854
3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Stephen H. Murdock
3.4 CITY-ST-ZIP	1000 Mansell Exchange W. Ste 230
4.1 TITLE	Alpharetta, GA 30022 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	600002650426
5.4 CITY-ST-ZIP	-09/28/98--01100--048
6.1 TITLE	***550.00 <input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* 5/1/98 (770) 518-3960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)