

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90023 040 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H34361</b>			
1. Corporation Name <b>MANAGED PATIENT CARE, INC.</b>			
Principal Place of Business 5249 NW 33RD AVE BLDG 6 BAY A FT LAUDERDALE FL 33309 US		Mailing Address 1000 MANSELL EXCHANGE W. SUITE 230 ALPHARETTA GA 30022 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 12/14/1984	
21	22	23	24
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
25		26	
27		28	
29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATE SERVICES CORPORATION 120 HAYES ST TALLAHASSEE FL 33431		81 Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH DINE ISLAND ROAD 83 84 City PLANTATION FL 85 Zip Code 33324	
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 <i>Klaus A. Behler</i>		Special Assistant Secretary 7/29/99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT
NAME	WOOD, BOB L	12 NAME	CRAIG W. PORTER
STREET ADDRESS	1000 MANSELL EXCHANGE W., SUITE 230	13 STREET ADDRESS	55 CARNEGIE PLAZA
CITY-ST-ZIP	ALPHARETTA GA 30022	14 CITY-ST-ZIP	CHERRY HILL NJ 08003
TITLE	T	21 TITLE	SECRETARY
NAME	MURDOCK, STEPHEN H	22 NAME	JACK W. BROWN
STREET ADDRESS	1000 MANSELL EXCHANGE W., SUITE 230	23 STREET ADDRESS	55 CARNEGIE PLAZA
CITY-ST-ZIP	ALPHARETTA GA 30022	24 CITY-ST-ZIP	CHERRY HILL NJ 08003
TITLE	CEO	31 TITLE	TREASURER
NAME	MAGLIOCHETTI, FRANK	32 NAME	JACK W. BROWN
STREET ADDRESS	175 CABOT ST, 4TH FL	33 STREET ADDRESS	55 CARNEGIE PLAZA
CITY-ST-ZIP	LOWELL MA 01854	34 CITY-ST-ZIP	CHERRY HILL NJ 08003
TITLE	PD	41 TITLE	DIRECTOR
NAME	TRINLEY, ROBERT J	42 NAME	CRAIG W. PORTER
STREET ADDRESS	5249 NW 33RD AVE	43 STREET ADDRESS	55 CARNEGIE PLAZA
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP	CHERRY HILL NJ 08003
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK W. BROWN 1/6/99

Date

Daytime Phone #

CR2E034 (1/98)