PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Jul 15, 1999 8:00 am Secretary of State 07-15-1999 90023 040 ***550.00

FILED

1999 DOCUMENT # H34361

1. Corporation Name

MANACED DATIENT CADE INC

IMMINAGE	O PATIENT CARE, INC.					1	-				
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Data de el D4 -	of Divisions	Mailing Addr					L HADA BEU ALLU HAHA b i		HUAN ANALK TEET		LIAN ENER IER
Principal Place		•									
5249 NW 33RD BLDG 6 BAY A		SUITE 230	l exchange w.	•							
FT LAUDERDALE FL 33309 ALPHARETTA GA 30022							DO NOT WRITE IN THIS SPACE				
us us							3. Date Incorporated or Qualifed				
							12/14/1984				
2. Principal P	lace of Business	2a. Mailing A	_			1	4. FEI Number				plied For
21		26 POBO15050							ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			· (,	5. Certificate of Status D	estred			Additional equired	
22		27 City & St	lata .								
City & State	•	⊢ ′ -		ı L	NJ	- ['	Election Campaign F Trust Fund Contributi	_		•	May Se to Fees
Zip	Country	Zip Zip	[F17	Country	,,,,	- -	8. This corporation owe		nt year intar		,,
24	25	29 080	34 30	- ,	is A	'	Personal Property Ta			JYes	□No
57	9. Name and Address of Current	Registered Age	ent			10	0. Name and Address		gistered A	gent	
				81	Name			ر کھی	٠ -		
CORPORATE SERVICES CORPORATION					Street	COC Address	PORADON 5	1 Accepted	Je)		
120 HAYES ST				82	1200		OUTT DINE		CAMO	Ro	40
TALL	AHASSEE FL 33431			83							
				84	Cin					85 ZIp	Code
					City	PLA	HUTATION		FL	3 - 2 :	2.24
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations of the control o	and 607.1508, F	lorida Statutes,	the above	named	corporati	on submits this stateme	nt for the p	urpose of c	hanging its	registered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	f Florida, Such cons of Section 6	hange was auth 307.0505, Florida	onzeo by a Statutes.	nue code	(COTT)	HIPA SIBEHE	any aucent	us appoin	1201	
	LIDAN A	Buch	lan.		Spe	cial A	Assistant Se	cretar	$_{V}$ \neg_{I}	129/	14
SIGNATURE	Signature, typed or printed name of registered agent in	and title if applicable.	(NOTE: Rec	gistered Agen:	pgreture :	equeed when	m reinstating)		DATE		NO 144 400
12.	OFFICERS AND		71 000 000	13.		1- 4	ADDITIONS/CHANGE	S TO OFFI		DIRECTO	ORS IN 12 Addition
TITLE	Р	Ь	DELETE	11 TITLE		PRES	SINENT			∐ Change	AUGINON LA
NAME	WOOD, BOB L	ALIETE		12 NAME		CRA	IG W. PORSER	n			,
STREET ADDRESS	1000 MANSELL EXCHANGE W.,	SUITE 230		1.3 STREET		55	CALNEGIE 1	KACA	A4 . 65	,	
CITY-ST-ZIP	ALPHARETTA GA 30022	 -	S) octor	1.4 CITY-SI	-210	C176	ERRY HILL	A)	0800	Change	Addition
TIFLE	T	C	DELETE	2.1 TITLE			RETARY K W. BROWN			C. C. Seriebe	An version
NAME	MURDOCK, STEPHEN H	DUITT ASS		2.2 NAME		55.	ARNE GIE	p LAZA	7		
STREET ADDRESS	1000 MANSELL EXCHANGE W.,	SUITE 230		2.3 STREET			ery HILL		5003°		
CITY-ST-ZIP	ALPHARETTA GA 30022		VI DELETE	2.4 C/TY-5	T-ZIP					Lhange	Addition
TILE	CEOEDANK		DEFELE	3.1 TITLE 3.2 NAME		TRE	ASURER CK, IN BROW		-	, ,	~ •.
NAME	MAGLIOCHETTI, FRANK				LODGERA	12.5	CARINEGIE	~27.4	4·2.A	• •	
STREET ADDRESS	175 CABOT ST, 4TH FL			3.3 STREET		0.3 .(GRAYYTHILL	INV	0800	3	
CITY-ST-ZIP	PD LOWELL MA 01854		RDELETE	3.4. CITY-S	1-45	T	•	1 13 14 - 9		Change	Addition
TITLE	l ' -	,		4 2 NAME		DIR	ECTOR MADE	De .		_ •	, .
NAME	TRINLEY, ROBERT J 5249 NW 33RD AVE			4.3 STREET	MORERE	CRA	ME W. PORTE		4		
STREET ADDRESS	FT LAUDERDALE FL			44 CITY-ST		ين ج	ERNY HILL	· W	5080	03	
CITY-ST-ZIP	FI LAUDERDALE FL		DELETE	5.1 TITLE	- 4	1		•		Change	Addition
ľ	Ì	•		5.2 NAME			•				
NAME			l	5.3 STREET	ADORESS						
STREET ADDRESS	}			5.4 CITY-ST	-)					
CITY-ST-ZIP	 	7	DELETE	6.1 TITLE		† <u> </u>				Change	☐ Addition
NAME	1	•		6.2 NAME)					
STREET ADDRESS				6.3 STREET	ADDRESS						
JINEEL NOOMESS	İ			6.4 CITY-ST	r. 74 9	1					

14. 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 of supplemental aprilial 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 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 an anattaction with an address, with all other like empowered.

SIGNATURE:

MISKATURE REQUIRED TACK N. BROWN

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