FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
May 14 1996 8:00 am
Secretary of State

DOCUMENT # **K44512** **(7)**

1. Corporation Name
MANAGEMENT CARE CORPORATION

Principal Place of Business
P.O. BOX 652342
MIAMI FL 33265-2342

Mailing Address
P.O. BOX 652342
MIAMI FL 33265-2342

3. Date Incorporated or Qualified: 11/09/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 8370 West Flagler St
22 Suite, Apt. #, etc. Suite 246
23 City & State Miami Florida
24 Zip 33144 25 County Dade

2a. Mailing Address
26 8370 West Flagler St
27 Suite, Apt. #, etc. Suite 246
28 City & State Miami Florida
29 Zip 33144 30 Country Dade

4. FEI Number: 65-0144695 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
PALACIOS, HECTOR
7805 CORAL WAY, #125
MIAMI FL 33175

10. **Name and Address of New Registered Agent**
81 Name: Palacios Hector
82 Street Address (P.O. Box Number is Not Acceptable): 8370 West Flagler ST Ste 246
83 Suite 246
84 City: MIAMI FL 85 Zip Code: 33144

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD ☒ DELETE	1.1 TITLE: PD ☒ Change ☐ Addition
NAME	PALACIOS, GLORIA	1.2 NAME: Palacios Gloria
STREET ADDRESS	7805 CORAL WAY, #121	1.3 STREET ADDRESS: 8370 West Flagler St, ST 246A
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP: Miami Fl 33144
TITLE	VD ☒ DELETE	2.1 TITLE: VD ☒ Change ☐ Addition
NAME	PALACIOS, HECTOR	2.2 NAME: Palacios, Hector
STREET ADDRESS	7805 CORAL WAY, #121	2.3 STREET ADDRESS: 8370 West Flagler St Ste 246 "A"
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP: Miami Fl 33144
TITLE	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 5-11-96 305-554-7280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HECTOR PALACIOS VICE-PRESIDENT

CR2E034 (12/95)