

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90184 039 ****50.00

DOCUMENT # L01000022701

1. Entity Name

MANAGED CARE SOLUTIONS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4600 Sheridan Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Suite 400

City & State

City & State

Hollywood, FL

Hollywood, FL

Zip

Country

Zip

Country

33021

USA

33021

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kara Atchison

Street Address (P.O. Box Number is Not Acceptable)

13889 SW 41 Street

City

Davie

FL

Zip Code

33330

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

4/23/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Kara Atchison
13889 SW 41 Street
Davie, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Keith Atchison
3001 S. Ocean Drive, Apt 16X
Hollywood, FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/03

Date

Daytime Phone #

CR2E08B (12/02)