

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90192 010 ***150.00

DOCUMENT # L17510

1. Corporation Name

MANAGED - CARE CONSULTANTS, INC.

Principal Place of Business

% KATHY J. BROOKS
9229 NW 66 LN
PARKLAND FL 33067

Mailing Address

% KATHY J. BROOKS
9229 NW 66 LN
PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1989

4. FEI Number

65-0145993

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10285 NW 31st Ct
Suite, Apt. #, etc.

22 Sunrise, FL

23 33351 USA

24 Zip Country

2a. Mailing Address

26 10285 NW 31st Ct
Suite, Apt. #, etc.

27 Sunrise, FL

28 33351 USA

29 Zip Country

9. Name and Address of Current Registered Agent

BROOKS, KATHY J.
9229 NW 66 LN
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME BROOKS, KATHY J.
STREET ADDRESS 9229 NW 66 LN
CITY-ST-ZIP PARKLAND FL

TITLE P
NAME BROOKS, DONALD E
STREET ADDRESS 9229 NW 66 LANE
CITY-ST-ZIP PARKLAND FL

TITLE T
NAME KENDELHARDT, JASON D
STREET ADDRESS 9229 NW 66 LANE
CITY-ST-ZIP PARKLAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 10285 NW 31st Ct
1.4 CITY-ST-ZIP Sunrise, FL 33351

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 10285 NW 31st Ct
2.4 CITY-ST-ZIP Sunrise, FL 33351

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 10285 NW 31st Ct
3.4 CITY-ST-ZIP Sunrise, FL 33351

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

Kathy J. Brooks, Kathy J. Brooks, 1/19/99 (954) 742 0823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0312803

CR2E034 (1/98)