FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90166 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L17510

1. Entity Name
Managed-Care Consultants, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Deerfield Beach BROWARD
Suite, Apt. #, etc.
City & State
Deerfield Beach Fl 33442
Zip 33442 Country BROWARD

3. Mailing Address
1130 S Powerline RD # 104
Suite, Apt. #, etc.
City & State
Deerfield Beach Fl 33442
Zip 33442 Country BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number
650145993
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Eloy Rodriguez
Street Address (P.O. Box Number is Not Acceptable) 1130 S Powerline Rd # 104
City Deerfield Beach FL Zip Code 33442

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.
SIGNATURE _____
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Eloy Rodriguez. 1130 S Powerline Deerfield Fl 33442.
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CR2E034B (12/01)

13. 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 or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/02
Date

954-554-9449
Daytime Phone #