

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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90114 036 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M66757

1. Corporation Name

MANAGED ADMISSIONS, INC.

Principal Place of Business

7990 SW 117TH AVENUE
BOX 839000
MIAMI FL 33283-6000

Mailing Address

7990 SW 117TH AVENUE
BOX 839000
MIAMI FL 33283-6000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1988

4. FEI Number

65-0045213

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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 33183

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 33183

Country

30

9. Name and Address of Current Registered Agent

CASTRO, ANTONIO J
7990 S.W. 117TH AVENUE,
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name
William I. Grossman
82 Street Address (P.O. Box Number is Not Acceptable)
7990 SW 117 Avenue
83
84 City
Miami
85 Zip Code
33183

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 reinstalling)

DATE

William I. Grossman, Director 2/16 /99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZELS, LORI	1.2 NAME	
STREET ADDRESS	7990 S.W. 117TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETELMAN, KAREN	2.2 NAME	
STREET ADDRESS	12378 COMMONWEALTH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, ANTONIO J.	3.2 NAME	
STREET ADDRESS	7990 SW 117TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, PHYLLIS	4.2 NAME	
STREET ADDRESS	7990 S.W. 117TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, WILLIAM I	5.2 NAME	
STREET ADDRESS	7990 SW 117TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William I. Grossman, Director 2/16/99 (305) 595-4040

Date

Daytime Phone #

CR2E034 (11/98)