

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000482 (1)**

1. Corporation Name

ASSOCIATION OF MANAGED CARE PROVIDERS, INC.



Principal Place of Business	Mailing Address
1637 KING STREET JACKSONVILLE FL 32204	1637 KING STREET JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1992	3a. Date of Last Report 09/12/1996
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2. Principal Place of Business	2a. Mailing Address
21 1930 San Marco Blvd	26 1930 San Marco Blvd
Suite, Apt. #, etc. 22 201	Suite, Apt. #, etc. 27 201
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32207-3256	Zip 29 32207-3256
Country 25 USA	Country 30 USA

4. FEI Number 59-3160647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
FRANK, CLIFFORD R 1637 KING STREET JACKSONVILLE FL 32204 1930 San Marco Blvd, Su. 201 32207-3256	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1930 San Marco Blvd, Su. 201
83	
84 City	FL
85 Zip Code	32207-3256

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D FRANK, CLIFFORD R
STREET ADDRESS	2534 OAK ST 1930 San Marco Blvd Su. 201
CITY-ST-ZIP	JACKSONVILLE FL 32204 32207-3256
TITLE	<input type="checkbox"/> DELETE
NAME	D SMITH, DEBORAH A
STREET ADDRESS	371 Battle-Woods Trail 1000 JOHNSON FERRY RD NE
CITY-ST-ZIP	ATLANTA GA 30342 Marietta GA 30064
TITLE	<input type="checkbox"/> DELETE
NAME	D GOLDSMITH, PATRICIA
STREET ADDRESS	12908 Magnolia Ave 13401 MAGNOLIA DR 4TH FLOOR
CITY-ST-ZIP	TAMPA FL 33612 - 9497
TITLE	<input type="checkbox"/> DELETE
NAME	D FREEMAN, E.J. III
STREET ADDRESS	1405 Clifton Road N.E. 1800 SW ARCHER RD
CITY-ST-ZIP	GAINESVILLE FL Atlanta, GA 30377-1101
TITLE	<input type="checkbox"/> DELETE
NAME	D BETHEL, SUZIE
STREET ADDRESS	500 E COLONIAL DR 51 Indepksen Road
CITY-ST-ZIP	ORLANDO FL 32809 32004
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **CLIFFORD R. FRANK** 8/1/97 9/12/96 2711

CR2E037 (4/97)