

FILE NOW: FILING FEE IS

FILED

Feb 24 1998 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1998Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N92000000482 (1)
1. Corporation Name

ASSOCIATION OF MANAGED CARE PROVIDERS, INC.

Principal Place of Business

Mailing Address

1930 SAN MARCO BLVD
201
JACKSONVILLE FL 32207-3256
US1930 SAN MARCO BLVD
201
JACKSONVILLE FL 32207-3256
US

3. Date Incorporated or Qualified

11/30/1992

4. FEI Number

59-3160647

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANK, CLIFFORD R
1930 SAN MARCO BLVD
SUITE 201
JACKSONVILLE FL 32207

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 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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETED
NAME FRANK, CLIFFORD R
STREET ADDRESS 1930 SAN MARCO BLVD., SUITE 201
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETED
NAME SMITH, DEBORAH A
STREET ADDRESS 371 BATTLE WOULD TRAIL
CITY-ST-ZIP MARIETTA GA

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETED
NAME GOLDSMITH, PATRICIA
STREET ADDRESS 12902 MAGNOLIA DRIVE
CITY-ST-ZIP TAMPA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETED
NAME FREEMAN, E.J. III
STREET ADDRESS 1405 CLIFTON ROAD NE
CITY-ST-ZIP ATLANTA GA

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETED
NAME BETHEL, SUZIE
STREET ADDRESS 51 INTERLAKEN ROAD
CITY-ST-ZIP ORLANDO FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 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

2/13/98

904/399-2766

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