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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N92000000482

1. Corporation Name
ASSOCIATION OF MANAGED CARE PROVIDERS, INC.

Principal Place of Business	Mailing Address
1930 SAN MARCO BLVD 201 JACKSONVILLE FL 32207-3256 US	1930 SAN MARCO BLVD 201 JACKSONVILLE FL 32207-3256 US

2. Principal Place of Business 21 1824 Atlantic Boulevard Suite, Apt. #, etc. 22 Jacksonville FL City & State 23 32207-3404 Zip 24 Country 25 US	2a. Mailing Address 26 1824 Atlantic Boulevard Suite, Apt. #, etc. 27 Jacksonville FL City & State 28 32207-3404 Zip 29 Country 30 US	3. Date Incorporated or Qualified 11/30/1992 4. FEI Number 59-3160647 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1824 Atlantic Boulevard
83 Jacksonville
84 City FL 85 Zip Code 32207-3404

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	FRANK, CLIFFORD R		1.2 NAME		
STREET ADDRESS	1930 SAN MARCO BLVD., SUITE 201		1.3 STREET ADDRESS	1824 Atlantic Boulevard	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32207-3404	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DEBORAH A		2.2 NAME		
STREET ADDRESS	371 BATTLE WOULS TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLDSMITH, PATRICIA		3.2 NAME		
STREET ADDRESS	12902 MAGNOLIA DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	FREEMAN, E.J. III		4.2 NAME		
STREET ADDRESS	1405 CLIFTON ROAD NE		4.3 STREET ADDRESS	15851 Dallas Parkway, Suite 925	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	Dallas, TX 75248	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BETHEL, SUZIE		5.2 NAME		
STREET ADDRESS	51 INTERLAKEN ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (1.1/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Clifford Frank 4/2/99 904/399-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #