


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N92000000482	
1. Entity Name ASSOCIATION OF MANAGED CARE PROVIDERS, INC.	

Principal Place of Business 3063 HARTLEY RD., SUITE 6 JACKSONVILLE, FL 32257-6281 US	Mailing Address 3063 HARTLEY RD., SUITE 6 JACKSONVILLE, FL 32257-6281 US
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DO NOT WRITE IN THIS SPACE



03202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3160647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FRANK, CLIFFORD R 3063 HARTLEY RD., SUITE 6 JACKSONVILLE, FL 32257-6281
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANK, CLIFFORD R 3063 HARTLEY RD., SUITE 6 JACKSONVILLE, FL 322576281
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDSMITH, PATRICIA 12902 MAGNOLIA DRIVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIESCHEN, NICK 2384 PINE ISLAND COURT DR JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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100000350476  
05/02/05-80107-007 61.25

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**  Clifford R. Frank 4/28/05 904 886 2766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR