

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90090 038 ****61.25

DOCUMENT # N92000000482

1. Entity Name

ASSOCIATION OF MANAGED CARE PROVIDERS, INC.



Principal Place of Business

**1824 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207-3404
US**

Mailing Address

**1824 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207-3404
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3063 Hartley Rd, Su. 6

City & State

Jacksonville FL

Zip

32257-6281

Country

USA

Suite, Apt. #, etc.

3063 Hartley Rd, Su. 6

City & State

Jacksonville FL

Zip

32257-6281

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3160647**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRANK, CLIFFORD R
1824 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207-3404**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3063 Hartley Rd, Su. 6

City

Jacksonville

FL

Zip Code

32257-6281

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **FRANK, CLIFFORD R**
STREET ADDRESS **1824 ATLANTIC BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE FL 32207-3404**

TITLE ☒ Change ☐ Addition
NAME **3063 Hartley Rd, Su. 6**
STREET ADDRESS **Jacksonville, FL 32257-6281**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GOLDSMITH, PATRICIA**
STREET ADDRESS **12902 MAGNOLIA DRIVE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GIESCHEN, NICK**
STREET ADDRESS **2384 PINE ISLAND COURT DR**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, President

904/986-2766

CR2E037 (10/02)