	DNPROFIT RPORATION JAL REPORT 1996		Sandra B Secretary	TMENT OF STATE . Mortham y of State ORPORATIONS			
	in name	19400000	· · /)			
BRAN	don Managed (Care Network,	INC.				
	e of Business		ing Address			KI KUMA BUMA BUMA KUMA	01011 10011 01010 0111 1001
	W ROAD SUITE 7E OR FL 34683		123 CURLEW ROAD SU ALM HARBOR FL 34683		3. Date Incorporated or Qualit		
					09/19/1994		of Last Report 6/13/1995
- Principal P 	lace of Business	2a. 1 26	Mailing Address		4. FEI Number 59-3273542	·····	Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	d []	Not Applicable \$8.75 Additional Fee Required
City & Stat	9		Dity & State		6. Election Campaign Financin Trust Fund Contribution	^{ng}	\$5.00 May Be Added to Fees
Zip	Count		?ip	Country 30	B. This corporation has liability Florida Statutes		inder s. 199.032,
		ess of Current Registe		81 Name	10. Name and Address of No.		
1. Pursuant	IARBOR FL 34683	tions 617.0502 and 617.	1508, Florida Statutes,	83 84 City the above named cc	provation submits this statement for the	<u> 1-1</u>	85 Zip Code
1. Pursuant or register famil ar wi GNATURE	to the provisions of Sect red agent, or both, in the th, and accept the oblig Signature, typed or printed name	e cliregistered agent and the Lap	nange was authorized 503, Florida Statutes.	84 City	priporation submits this statement for the board of directors. I hereby accept the equirea when reinstating!	<u> 1-1</u>	
 Pursuant or register famil ar within the second seco	to the provisions of Sect red agent, or both, in the th, and accept the oblig Signature, typed or printed name	ations of, Section 617.05	Mange was authorized 503, Florida Statutes. Mathe (Note: ORS	84 City the above named cc by the corporation's Registered Agent signature in 13.	Doard of directors. I hereby accept the equirea when reinstating ADDITIONS/CHANGE'S TO	PL purpose of chang appointment as rec DATE OFFICERS AND DI	ing its registered offic gistered agent. I am RECTORS IN 12
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