SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003117 (7)

1. Corporation Name

FLORIDA ASSOCIATION OF MANAGED CARE ORGANIZATION S, INC.

Principal Place of Business	Mailing Address
101 EAST COLLEGE AVENUE SUITE 302 TALLAHASSEE FL 32301	101 EAST COLLEGE AVENUE SUITE 302 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1995
3a. Date of Last Report: 12/17/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0598901 ☐ 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

8. 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

BERNAL, ROBERT M
101 EAST COLLEGE AVENUE
SUITE 302
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ 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	PD	☐ DELETE	1.1 TITLE	PRESIDENT - D	☒ Change ☐ Addition
NAME	KILISSANLY, PETER K		1.2 NAME	Kilissanly, PETER K	
STREET ADDRESS	~~5835 BLUE LAGOON DRIVE~~		1.3 STREET ADDRESS	6101 BLUE Lagoon 4TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP	Miami, FL. 33126	
TITLE	VD	☐ DELETE	2.1 TITLE	VICE-PRESIDENT - D	☒ Change ☐ Addition
NAME	FEY, CHRISTOPHER T		2.2 NAME 4	MIKE FERNANDEZ	
STREET ADDRESS	8705 PERIMETER PARK BOULEVARD		2.3 STREET ADDRESS	2333 Ponce de LEON Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL 33126		2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	~~SD~~	☐ DELETE	3.1 TITLE	~~BOARD MEMBER~~ D	☒ Change ☐ Addition
NAME	KING-SHAW, RUBEN JR.		3.2 NAME	Ruben King-Shaw JR.	
STREET ADDRESS	7600 CORPORATE CENTER DRIVE		3.3 STREET ADDRESS	7600 CORPORATE CENTER DR.	
CITY-ST-ZIP	MIAMI FL 33126		3.4 CITY-ST-ZIP	Miami, FL. 33126	
TITLE	S	☐ DELETE	4.1 TITLE	TREASURER - D	☒ Change ☐ Addition
NAME	FERNANDEZ, MIKE		4.2 NAME 1	Linda-McCONTOOK-GREGO M.D	
STREET ADDRESS	2333 PONCE DE LEON BLVD.		4.3 STREET ADDRESS	100 S. Ashley Dr., SUITE 300	
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP	TAMPA, FL. 33602	
TITLE	S	☐ DELETE	5.1 TITLE	SECRETARY - D	☒ Change ☐ Addition
NAME	MIHALEN, DENNIS P.H. M.D.		5.2 NAME	DENNIS MIHALE, M.D.	
STREET ADDRESS	1511 N. WEST SHORE BLVD., 7TH FLOOR		5.3 STREET ADDRESS	1511 N. WESTSHORE BLVD, 7th Fl.	
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP	TAMPA, FL. 33607	
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 (4/97)

14. I do 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 REQUIRED 8-4-97 (305)