FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Feb 02 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: 06/27/1995

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

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 _____ 1-6-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P. D	☒ Change ☐ Addition
NAME	KILISSANLY, PETER K		1.2 NAME	MICHAEL B. FERNANDEZ	
STREET ADDRESS	6101 BLUE LAGOON 4TH FLOOR		1.3 STREET ADDRESS	2333 Ponce de Leon, Suite 303	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Coral Gables, FL. 33134	
TITLE	TD	☒ DELETE	2.1 TITLE	V.P-D	☒ Change ☐ Addition
NAME	MCCONTOCK-GRECO, LINDA M		2.2 NAME	DR. Dennis Mihale	
STREET ADDRESS	100 S. ASHLEY DR. SUITE 300		2.3 STREET ADDRESS	1511 N. Westshore Blvd, 7th Floor	
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP	Tampa, FL. 33607	
TITLE	D	☒ DELETE	3.1 TITLE	S.D	☒ Change ☐ Addition
NAME	KING-SHAW, RUBEN JR.		3.2 NAME	Harry Spring	
STREET ADDRESS	7600 CORPORATE CENTER DRIVE		3.3 STREET ADDRESS	3400 Lakeside Drive	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP	Miramar, FL 33027	
TITLE	D	☒ DELETE	4.1 TITLE	T. D	☒ Change ☐ Addition
NAME	FERNANDEZ, MIKE		4. 2 NAME	Joseph Rogers	
STREET ADDRESS	2333 PONCE DE LEON BLVD.		4.3 STREET ADDRESS	1500 NW 12 Ave, # 1001, West	
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP	Miami, FL. 33136	
TITLE	SD	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MIHALEN, DENNIS P.H. M.D.		5.2 NAME	DR. Linda McClintock-Greco	
STREET ADDRESS	1511 N. WEST SHORE BLVD., 7TH FLOOR		5.3 STREET ADDRESS	100 S. Ashley Dr. Suite 300	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Tampa, FL. 33602	
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 (10/97)

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.

SIGNATURE: SIGNATURE REQUIRED Robert M. Bernal 1-6-98 (850) 224 5512