2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State
01-12-2000 90007 030 ****61.25

DOCUMENT # N95000003117

1. Entity Name

FLORIDA ASSOCIATION OF MANAGED CARE ORGANIZATION

Principal Place of Business	Mailing Address
101 EAST COLLEGE AVENUE SUITE 302 TALLAHASSEE FL 32301	101 EAST COLLEGE AVENUE SUITE 302 TALLAHASSEE FL 32301-7703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0598901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERNAL, ROBERT M 101 EAST COLLEGE AVENUE SUITE 302 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE Robert M. Bernal Executive Director 1-4-00
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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FERNANDEZ, MICHAEL B 2333 PONCE DE LEON, STE 303 CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Spring, Harry 3400 Lakeside Drive Miramar, Fl. 33027	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROGERS, JOSEPH 1801 NW 9 AVE STE 700 MIAMI FL 33136	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Meyerson, Tamara 4950 SW 8 Street Coral Gables, Fl. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SPRING, HARRY 3400 LAKESIDE DR MIRAMAR FL 33022	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Gareau, Nancy 16800 N. Dale Mabry, Suite 209-21 Tampa, Fl 33614	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KEISER, JEFF 5300 W ATLANTIC AVE, STE 302 DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Keiser, Jeff 5300 W. Atlantic Ave, Suite 302 Delray Beach, Fl. 33484	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTMOLLIN, STEVE 1511 N WESTSHORE BLVD, 7TH FLR TAMPA FL 33607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fernandez, Mike 2333 Ponce de Leon, Suite 303 Coral Gables, Fl. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert M. Bernal SIGNATURE REQUIRED 1-4-00 (850) 224-5512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #