

THE ABOVE FILING FEE IS \$61.25

FILED

Feb 09, 1999 8:00am  
Secretary of State

02-09-1999 90023 033 \*\*\*\*\*61.25

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001331

1. Corporation Name

FLORIDA MANAGED CARE INSTITUTE, INC.

Principal Place of Business

101 NORTH MONROE STREET  
SUITE 900  
TALLAHASSEE FL 32301

Mailing Address

101 NORTH MONROE STREET  
SUITE 900  
TALLAHASSEE FL 32301



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/11/1996

4. FEI Number

59-3382515

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

9. Name and Address of Current Registered Agent

MCCONNAUGHAY, JAMES N  
101 NORTH MONROE STREET  
SUITE 900  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCCONNAUGHAY, JAMES N  
STREET ADDRESS 101 N. MONROE ST., SUITE 900  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD  
NAME WEINBERG, ROB  
STREET ADDRESS 4600 4TH STREET NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE SD  
NAME DAVIS, LORRY  
STREET ADDRESS 3807 N.W. 53RD TERRACE  
CITY-ST-ZIP GAINESVILLE FL

TITLE DD  
NAME ELLINGHAM, ANN  
STREET ADDRESS P.O. BOX 1598  
CITY-ST-ZIP SARASOTA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-99 850-222-8121

CR2E037 (1/98)