

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088422

FILED
Jun 26, 2007
Secretary of State

Entity Name: MANAGED CARE CONSULTING, INC.

Current Principal Place of Business:

13294 NW 18 COURT
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

13294 NW 18 COURT
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 20-3030011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIEZ, LORI
13294 NW 18 COURT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

HALPERN, LORI
13294 NW 18 COURT
PEMBROKE PINES, FL 33028 US

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: LORI HALPERN

06/26/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIEZ, LORI
Address: 13294 NW 18 COURT
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: SEC () Delete
Name: DIEZ, LORI
Address: 13294 NW 18 COURT
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HALPERN, LORI
Address: 13294 NW 18 COURT
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: SEC (X) Change () Addition
Name: HALPERN, LORI
Address: 13294 NW 18 COURT
City-St-Zip: PEMBROKE PINES, FL 33028 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI HALPERN

P

06/26/2007

Electronic Signature of Signing Officer or Director

Date