2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163142

Entity Name: FLORIDA MANAGED CARE SYSTEMS, INC.

FILED Jan 04, 2011 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
1835 E. HALLANDALE BEACH BLVD SUITE 601			
HALLANDALE BEACH, F	L 33009		
Current Mailing Address:		New Mailing Address:	
1835 E. HALLANDALE BI	EACH BLVD		
SUITE 601 HALLANDALE BEACH, F	L 33009		
FEI Number: 20-3956472	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
NAVARRO, CYNTHIA 1835 E. HALLANDALE BI SUITE 601 HALLANDALE BEACH, F			
The above named entity s in the State of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,
SIGNATURE:			
Electron	ic Signature of Registered Age	ent	Date

OFFICERS AND DIRECTORS:

Title:

Name: NAVARRO, CYNTHIA

Address: 1835 E. HALLANDALE BEACH BLVD, SUTIE 601

City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA NAVARRO PR 01/04/2011