

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0672535

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
 09 APR 30 PM 4:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P06261
 1. Corporation Name
MAXICARE OF BROWARD, INC.



Principal Place of Business: 800 FAIRWAY DR, 250 DEERFIELD BCH FL 33441, US
 Mailing Address: C/O CONTIPICARE CORP. 100 SE 2ND ST, 36TH FLOOR, MIAMI FL 33131, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/31/1985**

4. FEI Number: **59-2540781**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

21	22	23	24	25	26	27	28	29	30
Principal Place of Business					Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

9. Name and Address of Current Registered Agent
TARBE, SUSAN ESQ.
100 S.E. SECOND STREET, 36TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name: **UCC Filing & Search Services, Inc**
 82 Street Address (P.O. Box Number Not Acceptable): **566 East Park Avenue**
 83 City: **Dallahassee** FL 85 Zip Code: **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Ed Hand, President* Date: **4/26/99**

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	BARNHILL, JEFFREY A	
STREET ADDRESS	100 SE 2ND ST, 36TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Charles M. Fernandez	
13 STREET ADDRESS	100 SE 2nd St. - 36th Floor	
14 CITY-ST-ZIP	MIAMI, Fla 33133	
21 TITLE	S. General Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Susan Tarbe	
23 STREET ADDRESS	100 SE 2nd St. 36th Floor	
24 CITY-ST-ZIP	MIAMI, Fla 33133	
31 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Bruce Altman	
33 STREET ADDRESS	100 SE 2nd St. - 36th Floor	
34 CITY-ST-ZIP	MIAMI, Fla 33133	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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 607, 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]* Date: **2/22/99** (305) 350 7540

CR2E034 (11/98)