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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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 CONTIPUCARE CORP. 100 SE 2ND ST
36TH FLOOR
MIAMI FL 33131
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

TARBE, SUSAN ESQ.
100 S.E. SECOND STREET, 36TH FLOOR
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83 506 East Park Avenue

84 City

Dallahomae

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

4/26/99

12. OFFICERS AND DIRECTORS

TITLE PT BARNHILL, JEFFREY A

NAME BARNHILL, JEFFREY A
STREET ADDRESS 100 SE 2ND ST, 36TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

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51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P Charles M. Fernandez
100 SE 2ND ST. - 36TH FLOOR
MIAMI, FL 33133

S. General Counsel
Susan Tarbe
100 SE 2ND ST. 36TH FLOOR
MIAMI, FL 33133

T Bruce Altman
100 SE 2ND ST. - 36TH FLOOR
MIAMI, FL 33133

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99 APR 30 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1985

4. FEI Number

59-2540781

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 (305) 350 7540

CR2E034 (11/98)