2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000101009

FILED Sep 02, 2009 Secretary of State

Entity Name: MANAGED CARE OF NORTH AMERICA INC. OF NORTH CAROLINA

Current Principal Place of Business:			New Principal Place o	f Business:	
SUITE 190	COMMERCIA				
FORT LAUI	DERDALE, FL	33309			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
SUITE 190	COMMERCIA DERDALE, FL				
FEI Number:	·	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:					
3230 WEST SUITE 190	ITAL PLANS COMMERCIA DERDALE, FL				
The above r in the State		ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E:				
	Electronic	Signature of Registered Age	nt	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COO () [FEINGOLD, GLE 3230 WEST COM SUITE 190, FL 3	MERCIAL BLVD	Title: (Name: Address: City-St-Zip:) Change ()Addition	

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: GLEN FEINGOLD COO 09/02/2009