

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000101009

FILED
Feb 15, 2011
Secretary of State

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

Current Principal Place of Business:

3230 WEST COMMERCIAL BLVD
SUITE 190
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

200 WEST CYPRESS CREEK ROAD
SUITE 500
FORT LAUDERDALE, FL 33309

Current Mailing Address:

3230 WEST COMMERCIAL BLVD
SUITE 190
FORT LAUDERDALE, FL 33309

New Mailing Address:

200 WEST CYPRESS CREEK ROAD
SUITE 500
FORT LAUDERDALE, FL 33309

FEI Number: 26-3555747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNA DENTAL PLANS
3230 WEST COMMERCIAL BLVD
SUITE 190
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

MCNA DENTAL PLANS
200 WEST CYPRESS CREEK ROAD
SUITE 500
FORT LAUDERDALE, FL 33309 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: MCNA DENTAL PLANS

02/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COO
Name: FEINGOLD, GLEN
Address: 200 WEST CYPRESS CREEK ROAD SUITE 500
City-St-Zip: SUITE 500, FL 33309 US

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: GLEN FEINGOLD

COO

02/15/2011

Electronic Signature of Signing Officer or Director

Date