FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # **P37718** **(4)**

1. Corporation Name

PROAMERICA MANAGED CARE, INC.

Principal Place of Business

714 MAIN STREET
FT. WORTH TX 76102

Mailing Address

PO BOX 901062
FT. WORTH TX 76101-2062
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **03/03/1992**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **75-2411937** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☒ DELETE	11 TITLE	Secretary	☒ Change ☒ Addition
NAME	MICHENER, JAMES		12 NAME	Brigid M. Spicola	
STREET ADDRESS	ONE TOWER SQ.		13 STREET ADDRESS	9900 Bren Road East #300	
CITY-ST-ZIP	HARTFORD CT		14 CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE	CD	☒ DELETE	21 TITLE	CD and President	☒ Change ☒ Addition
NAME	WILLCOX, STEPHEN		22 NAME	Travers H. Wills	
STREET ADDRESS	ONE TOWER SQ		23 STREET ADDRESS	9900 Bren Road East #300	
CITY-ST-ZIP	HARTFORD CT		24 CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE	T	☒ DELETE	31 TITLE	VP Finance and Treasurer	☒ Change ☒ Addition
NAME	BELTRAMELLO, MARIA		32 NAME	Allan J. Weiss	
STREET ADDRESS	ONE TOWER SQ		33 STREET ADDRESS	9900 Bren Road East #300	
CITY-ST-ZIP	HARTFORD CT		34 CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE	PD	☒ DELETE	41 TITLE	VP and Director	☒ Change ☒ Addition
NAME	CONNAWAY, NANCY		42 NAME	David P. Koppe	
STREET ADDRESS	714 MAIN ST.		43 STREET ADDRESS	9900 Bren Road East #300	
CITY-ST-ZIP	FT. WORTH TX		44 CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE	AS	☐ DELETE	51 TITLE	Asst. Secretary	☒ Change ☒ Addition
NAME	JACOBS, SETH		52 NAME	Kevin H. Roche'	
STREET ADDRESS	2270 LAKESIDE BLVD.		53 STREET ADDRESS	9900 Bren Road East #300	
CITY-ST-ZIP	RICHARDSON TX		54 CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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***225.00

4/8/96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to the report with an address.

SIGNATURE: Brigid M. Spicola, Secretary 3/28/96 (612) 936-1709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #