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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37718

(4)

PROAMERICA MANAGED CARE, INC.

9900 BREN RD E STE 300

MINNETONKA MN

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED Mar 12 1998 8:00am Secretary of State

A PARENDON NON ANNA ANDRA ANDRE PROGRESION NO LA MARCIA DAREN DE LA CARRA DEL CARRA DE LA CARRA DE LA CARRA DE LA CARRA DEL CARRA DE LA CA

Principal Plac	e of Business	Mailing Add	Iress			
1250 E COPELAND RD STE 1200 ARLINGTON TX 76011		1250 E COPELAND RD STE 1200 ARLINGTON TX 76011				DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualified 03/03/1992
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				75-2411937 Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
23 Zip	Country	[28] Z(p	I	Country		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intaggible
24	25	29		30		Personal Property Tax due June 30. 🔲 Yes 💢 No
	9. Name and Address of Current R	egistered Age	ent			10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM			81	Name		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street A	Address (P.O. Box Number is Not Acceptable)
'	WINION I C 00024			83		
				84	City	FL 85 Zip Code
11 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes				s the above	-named	
office or re	egistered agent, or both, in the State of	Florida Such o	change was a	uthorized by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	The mar with mid weeks we or or grave	Tier en, Co. caterri	001.0005,110	nda olalulo	,.	
	Signature, typed or pented name of registered agent of		(NOTE		ont signature	required when reinstating) DATE
12.	OFFICERS AND D	and the second second	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	SPICOLA, BRIGID M	L	_] טנננוג	1.1 Title		Citalige C Addition
	9900 BREN ROAD EAST 300			1.2 NAME		
STREET ADDRESS	MINNETONKA MN 55343			1.3 STREET	1	
CITY-ST-ZIP TITLE	CDP	- 	DELETE	1.4 CITY - S 2.1 TITLE	1-21	☐ Change ☐ Addition
NAME	WILLS, TRAVERS H	L-g	N bici'i	2.2 NAME		P
STREET ADDRESS	9900 BREN ROAD EAST 300			2.3 STREET	ADDDCCC	Nancy I. Connaway
1	MINNETONKA MN 55343				1	1250 E Copeland Rd, Suite 1200
CITY-ST-ZIP TITLE	VPT		DELETE	2.4 CITY-5	51 - ZIP	Arlington, TX 76011
NAME	WEISS, ALLAN J	t	J 1/1/10	3.2 NAME	1	Interinguoli, 122 70022
STREET ADDRESS	9900 BREN ROAD EAST 300			3 3 STREET	PDD0100	
	MINNETONKA MN 55343					
CITY-ST-ZIP TITLE	VPD	· ······	DELETE	3.4. City-5	51-211	Change Addition
1 1	KOPPE, DAVID P	L	_ DICCIE			C cusude C vocation
NAME	9900 BREN ROAD EAST 300			4. 2 NAME	1000000	·
STREET ADDRESS	MINNETONKA MN 55343			4.3 STREET	1	
CITY-ST-ZIP		·	Trucia	4.4 CITY - S	T- ZIP	Change Addition
TITLE	AS	L	J DELETE	5.1 TITLE		Cuange C Addition
NAME	LUBBEN, DAVID J.	-		5.2 NAME		
STREET ADDRESS	300 OPUS CTR 9900 BREN RD	t		5.3 STREFT		
CITY-ST-ZIP	MINNETONKA MN	· · · · · · · · · · · · · · · · · · ·	7 Bures	54 CITY-S	T-ZIP	
TITLE	SI OTTEMESON DIANE I	L.	DEFELE	61 TITLE	1	Change Addition

6.3 STREET ADDRESS

14. Thereby cartify 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 suppliemental minual 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 trusted 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.