

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90011 039 ***550.00

DOCUMENT # P37718

1. Corporation Name
PROAMERICA MANAGED CARE, INC.

Principal Place of Business
**1250 E COPELAND RD
STE 1200
ARLINGTON TX 76011
US**

Mailing Address
**1250 E COPELAND RD
STE 1200
ARLINGTON TX 76011
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1992

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

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

**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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☒ DELETE
NAME **SPICOLA, BRIGID M**
STREET ADDRESS **9900 BREN ROAD EAST 300**
CITY-ST-ZIP **MINNETONKA MN 55343**

TITLE **P** ☐ DELETE
NAME **CONNAWAY, NANCY I**
STREET ADDRESS **1250 E COPELAND RD, STE 1200**
CITY-ST-ZIP **ARLINGTON TX 76011**

TITLE **VPT** ☒ DELETE
NAME **WEISS, ALLAN J**
STREET ADDRESS **9900 BREN ROAD EAST 300**
CITY-ST-ZIP **MINNETONKA MN 55343**

TITLE **VPD** ☒ DELETE
NAME **KOPPE, DAVID P**
STREET ADDRESS **9900 BREN ROAD EAST 300**
CITY-ST-ZIP **MINNETONKA MN 55343**

TITLE **AS** ☒ DELETE
NAME **LUBBEN, DAVID J.**
STREET ADDRESS **300 OPUS CTR 9900 BREN RD E**
CITY-ST-ZIP **MINNETONKA MN**

TITLE **VP** ☒ DELETE
NAME **FLOTTEMESCH, DIANE L.**
STREET ADDRESS **9900 BREN RD E STE 300**
CITY-ST-ZIP **MINNETONKA MN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Secretary** ☐ Change ☒ Addition
1.2 NAME **Joseph M. Mott, Esq.**
1.3 STREET ADDRESS **2275 Research Blvd., 6th Floor**
1.4 CITY-ST-ZIP **Rockville, MD 20850**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **Treasurer** ☐ Change ☒ Addition
3.2 NAME **Francis X. Whyte**
3.3 STREET ADDRESS **2275 Research Blvd., 6th Floor**
3.4 CITY-ST-ZIP **Rockville, MD 20850**

4.1 TITLE **Vice President** ☐ Change ☒ Addition
4.2 NAME **Spiro Karadimas**
4.3 STREET ADDRESS **2275 Research Blvd., 6th Floor**
4.4 CITY-ST-ZIP **Rockville, MD 20850**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(2)(b), 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.

SIGNATURE: **Joseph M. Mott, Secretary** **7-9-99** **301-548-1000**

CR2E034 (5/99)