

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90317 005 \*\*\*150.00

**DOCUMENT # P37718**

1. Entity Name

PROAMERICA MANAGED CARE, INC.



Principal Place of Business

1250 E COPELAND RD  
STE 1200  
ARLINGTON TX 76011  
US

Mailing Address

2273 RESEARCH BLVD  
4TH FLOOR  
ROCKVILLE MD 20850  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2411937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S  
NAME FEITEL, DAVID M. ☒ Delete  
STREET ADDRESS 2273 RESEARCH BLVD, 4TH FL  
CITY-ST-ZIP ROCKVILLE MD 20850

TITLE P  
NAME WHITE, DALE A ☒ Delete  
STREET ADDRESS 2273 RESEARCH BLVD, 4TH FL  
CITY-ST-ZIP ROCKVILLE MD 20850

TITLE T  
NAME ANDERSON, GEORGE M ☒ Delete  
STREET ADDRESS 2273 RESEARCH BLVD, 4TH FL  
CITY-ST-ZIP ROCKVILLE MD 20850

TITLE D  
NAME FEITEL, DAVID M ☒ Delete  
STREET ADDRESS 2273 RESEARCH BLVD., 4TH FLOOR  
CITY-ST-ZIP ROCKVILLE MD 20850

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☒ Change ☐ Addition  
NAME Marcy Feller  
STREET ADDRESS 115 Fifth Avenue 7th fl.  
CITY-ST-ZIP New York, NY 10003-1004

TITLE ☒ Change ☐ Addition  
NAME Donald Rubin  
STREET ADDRESS 115 Fifth Avenue, 7th fl  
CITY-ST-ZIP New York, NY 10003-1004

TITLE T ☒ Change ☐ Addition  
NAME Richard Gerstein  
STREET ADDRESS 115 Fifth Avenue 7th fl.  
CITY-ST-ZIP New York, NY 10003-1004

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #