2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37718

FILED Apr 20, 2007 Secretary of State

Entity Name: PROAME	ERICA MANAGED CARE, INC.			
Current Principal Place	e of Business:	New Principal Place of	Business:	
115 5TH AVENUE 7TH FLOOR NEW YORK, NY 10003				
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
115 5TH AVENUE 7TH FLOOR NEW YORK, NY 10003		1100 WINTER STREET WALTHAM, MA 02451	US	
FEI Number: 75-2411937	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of 0	Current Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
BLUMBERGEXCELSIOF 4435 OLD WINTER GAF ORLANDO, FL 32811	R CORPORATE SERVICES, IN RDEN RD. US	IC.		
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered c	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: S (Name: FELLER, MAR Address: 115 FIFTH AVE		Title: S (X Name: FELLER, MARC Address: 115 FIFTH AVE		

NEW YORK, NY 100031004 NEW YORK, NY 100031004 City-St-Zip: City-St-Zip:

() Delete Title: PD (X) Change () Addition

RUBIN, DONALD Name: Name: TABAK, MARK

Address: 115 FIFTH AVENUE 7TH FL Address: 115 FIFTH AVENUE 7TH FL NEW YORK, NY 100031004 NEW YORK, NY 100031004 City-St-Zip: City-St-Zip:

Title: Title: () Change () Addition () Delete

Name: GERSTEIN, RICHARD Name: Address: 115 FIFTH AVENUE 7TH FL. Address: City-St-Zip: NEW YORK, NY 100031004 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARCY E FELLER S 04/20/2007