FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 2:57

DOCUMENT # P93000042010 (7)

1. MANAGED CARE QUALITY ASSURANCE, INC.

Principal Office	Mailing Address
8841 N.W. 5TH STREET PEMBROKE PINES FL 33024	~~8841 N.W. 5TH STREET~~ ~~PEMBROKE PINES FL 33024~~

2. Principal Office	2a. Mailing Address	3. Date Incorporated: 06/07/1993	3a. Date Qualified: 05/01/1994
21	26 3204 PAINTED POST CT.	4. FEI Number: 65-0417541	Applied For / Not Applied
22 Suite, Apt. # or Rm.	27 Suite, Apt. # or Rm.	5. Check enclosed if you have	$8.75 Additional Fee Required
23 City & State	28 EUSTIS, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 County	29 Zip 32726 / 30 County LAKE	8. This corporation has assets and intends to operate under $100,000 Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ABRAHAMSON, FLORANCE D ~~8841 NW 5TH STREET~~ 3204 PAINTED POST CT. ~~PEMBROKE PINES FL 33024~~ EUSTIS, FL 32726	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14
Title	D	☒ Change ☐ Addition
NAME	ABRAHAMSON, F D	11 Title
Street Address	~~8841 NW 5TH STREET~~	12 NAME
City, State, Zip	~~PEMBROKE PINES FL 33024~~	13 STREET ADDRESS: 3204 PAINTED POST COURT
Title		14 City, State, Zip: EUSTIS, FL 32726-2042
NAME		☐ Change ☐ Addition
Street Address		21 Title
City, State, Zip		22 NAME
Title		23 STREET ADDRESS
NAME		24 City, State, Zip
Street Address		☐ Change ☐ Addition
City, State, Zip		31 Title
Title		32 NAME
NAME		33 STREET ADDRESS
Street Address		34 City, State, Zip
City, State, Zip		☐ Change ☐ Addition
Title		41 Title
NAME		42 NAME
Street Address		43 STREET ADDRESS
City, State, Zip		44 City, State, Zip
Title		☐ Change ☐ Addition
NAME		51 Title
Street Address		52 NAME
City, State, Zip		53 STREET ADDRESS
Title		54 City, State, Zip
NAME		☐ Change ☐ Addition
Street Address		61 Title
City, State, Zip		62 NAME
		63 STREET ADDRESS
		64 City, State, Zip
		☐ Change ☐ Addition

14. I hereby 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 a director or officer 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 of this report or on an attached amendment, or my name

SIGNATURE: F. Dee Abra Ramon 2/13/95 904 383 6193

SIGNATURE AND TYPED OR PRINTED NAME OF MAJORITY OFFICER OR DIRECTOR

0007330 CP