

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000042010 (7)**

1. Corporation Name

MANAGED CARE QUALITY ASSURANCE, INC.

Principal Place of Business

Mailing Address

**3204 PAINTED POST CT.
EUSTIS FL 32726
US**

**3204 PAINTED POST CT
EUSTIS FL 32726-2042
US**



2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26	38420 Timberlane DR	
22 City & State	27	UMATILLA FL	
23 Zip	28	32784	LAKE
24 Country	29	32784	LAKE

3. Date Incorporated or Qualified 06/07/1993	3a. Date of Last Report 01/25/1996
4. FEI Number 65-0417541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ABRAHAMSON, FLORANCE A
3204 PAINTED POST CT.
EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81 Name ABRAHAMSON, FLORANCE A
82 Street Address (P.O. Box Number is Not Acceptable) 38420 Timberlane DR.
83
84 City UMATILLA
85 Zip Code FL 32784

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]* DATE **4/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ABRAHAMSON, F D	1.2 NAME	
STREET ADDRESS	3204 PAINTED POST COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	EUSTIS FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ABRAHAMSON, PAUL C.	2.2 NAME	
STREET ADDRESS	3204 PAINTED POST CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	EUSTIS FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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-05/01/97--01012--031
***165.00**

14. I do 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 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: *[Signature]* DATE **4-22-97** DAYTIME PHONE # **352-669-2610**

CR2E034 (9/96)

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