FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000079659 (7)**

1. Corporation Name
MANAGED CARE INFORMATION SYSTEMS, INC.

Principal Place of Business
10875 N.W. 7TH ST.
APT. 11
MIAMI FL 33172

Mailing Address
10875 N.W. 7TH ST.
APT. 11
MIAMI FL 33172

3. Date Incorporated or Qualified: 11/18/1993
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0467072 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
[redacted]

10. Name and Address of New Registered Agent
81 Name: Isora M. Gotay
82 Street Address (P.O. Box Number is Not Acceptable): 10875 N.W. 7th Street
83 #11
84 City: Miami FL 85 Zip Code: 33172

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] — Signature of Member or Director of the Registered Agent (not the Registered Agent, if applicable) — (FOR Registered Agent signature required when resigning) — DATE: 3/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	[redacted]	1.1 TITLE	President/Treasurer	☒ Change ☐ Addition
NAME	[redacted]	1.2 NAME	Isora M. Gotay	
STREET ADDRESS	[redacted]	1.3 STREET ADDRESS	10875 N.W. 7th Street, #11	
CITY ST ZIP	[redacted]	1.4 CITY ST ZIP	Miami, Florida 33172	
TITLE	[redacted]	2.1 TITLE	Salvatore DeMarco	☒ Change ☐ Addition
NAME	[redacted]	2.2 NAME	205 N.E. 2nd Avenue	
STREET ADDRESS	[redacted]	2.3 STREET ADDRESS	Dania, Florida 33004	
CITY ST ZIP	[redacted]	2.4 CITY ST ZIP	Vice President/Secretary	
TITLE	[redacted]	3.1 TITLE		☐ Change ☐ Addition
NAME	[redacted]	3.2 NAME		
STREET ADDRESS	[redacted]	3.3 STREET ADDRESS		
CITY ST ZIP	[redacted]	3.4 CITY ST ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] — SIGNATURE AND TYPED OR PRINTED NAME OF HONING OFFICER OR DIRECTOR — Date: 3/28/95 — Daytime Phone # (305) 226-7863

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