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 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000085776 (1)**

1. Corporation Name
FIRST FLORIDA MANAGED CARE, INC.

Principal Place of Business
3502 HENDERSON BLVD
SUITE 300
TAMPA FL 33609

Mailing Address
3502 HENDERSON BLVD
SUITE 300
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/10/1993**
3a. Date of Last Report: **05/01/1994**

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: **59-3220513** — 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
SIERRA, MICHAEL
100 S ASHLEY DR
SUITE 1250
TAMPA FL 33602

10. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	1.1 TITLE	D/P	XX Change ☐ Addition
NAME	PULS, JOHN	1.2 NAME		
STREET ADDRESS	3502 HENDERSON BLVD #300	1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33609	1.4 CITY - ST - ZIP		
TITLE	VPD	2.1 TITLE	D/VP/S	XX Change ☐ Addition
NAME	MINDALA, JAMES J	2.2 NAME		
STREET ADDRESS	3502 HENDERSON BLVD #300	2.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP		
TITLE	VP	3.1 TITLE	Resigned	XX Change ☐ Addition
NAME	PULS, BRANDIE L	3.2 NAME		
STREET ADDRESS	3502 HENDERSON BLVD #300	3.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP		
TITLE		4.1 TITLE	D/VP	☐ Change XX Addition
NAME		4.2 NAME	Paul Wutz	
STREET ADDRESS		4.3 STREET ADDRESS	3502 Henderson Blvd., #300	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Tampa FL 33609	
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 applicable, or on an attachment with this report.

SIGNATURE: John L. Puls, JR — 813-875-8662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP