

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000085776 (1)

1. Corporation Name

FIRST FLORIDA MANAGED CARE, INC.



Principal Place of Business

Mailing Address

3502 HENDERSON BLVD
SUITE 300
TAMPA FL 33609

3502 HENDERSON BLVD
SUITE 300
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

JOHN L PULS, JR
3502 HENDERSON BLVD
SUITE 300
TAMPA FL 33609

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
office or registered agent, or both, in the State of Florida. Such change was authorized
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida

above-named corporation submits this statement for the purpose of changing its registered
agent by the corporation's board of directors. I hereby accept the appointment as registered
agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME PULS, JOHN
STREET ADDRESS 3502 HENDERSON BLVD #300
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE DVS
NAME PULS, JOHN
STREET ADDRESS 3502 HENDERSON BLVD., STE. # 300
CITY-ST-ZIP TAMPA, FL 33609 ☒ Change ☐ Addition

TITLE DVS
NAME MINDALA, JAMES J
STREET ADDRESS 3502 HENDERSON BLVD #300
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE DCEO
NAME MINDALA, JAMES J.
STREET ADDRESS 9640 WEATHERVANE DRIVE
CITY-ST-ZIP CHAGRIN FALLS, OH 44023 ☒ Change ☐ Addition

TITLE DV
NAME WUTZ, PAUL
STREET ADDRESS 3502 HENDERSON BLVD., #300
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE DP
NAME WUTZ, PAUL F.
STREET ADDRESS 72 BRANDYWINE DRIVE
CITY-ST-ZIP HUDSON, OH 44236 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for
indicated on this annual report or supplemental annual report is true and accurate
officer or director of the corporation or the receiver or trustee empowered to execute
Block 12 or Block 13 if changed, or on an attachment with an address.

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
and that my signature shall have the same legal effect as if made under oath; that I am an
this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE

4/22/98

CR2E034 (10/97)