**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

3-1-95

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 12: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# DOCUMENT # P94000002379 (3)

1. Corporation Name

**MANAGED CARE ORGANIZATIONS INFORMATION SYSTEM, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~% FLORIDA REGISTERED AGENTS~~<br>~~100 SE 2ND ST SUITE 3600~~<br>~~MIAMI FL 33131~~ | ~~% FLORIDA REGISTERED AGENTS~~<br>~~100 SE 2ND ST SUITE 3600~~<br>~~MIAMI FL 33131~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1994
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 7950 N.W. 53rd Avenue | 26 7950 N.W. 53rd Avenue |
| Suite, Apt #, etc 22 Suite 210 | Suite, Apt #, etc 27 Suite 210 |
| City & State 23 Miami, Florida | City & State 28 Miami, Florida |
| Zip 24 33166 — Country 25 U.S. | Zip 29 33166 — Country 30 U.S. |

4. FEI Number: 65-0465532 — 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 | 10. Name and Address of New Registered Agent |
|---|---|
| ~~FLORIDA REGISTERED AGENTS INC~~<br>~~100 SE 2ND ST SUITE 3600~~<br>~~MIAMI FL 33131~~ | 81 Name: A Z Registered Agent Corporation<br>82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore Drive<br>83 Suite 1600<br>84 City: Miami FL 85 Zip Code: 33133 |

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 the position as set forth in Chapter 607, Florida Statutes.

A Z REGISTERED AGENT CORPORATION

SIGNATURE By: [signature]
Jose M. Berenguer, III, Vice President

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | [X] Change ☐ Addition |
| NAME | MARTINEZ, OSVALDO | 12 NAME | 7950 N.W. 53rd Avenue |
| STREET ADDRESS | ~~% 100 SE 2ND ST SUITE 3600~~ | 13 STREET ADDRESS | Suite 210 |
| CITY ST ZIP | ~~MIAMI FL 33131~~ | 14 CITY ST ZIP | Miami, Florida 33166 |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY ST ZIP | | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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] — 4/26/95 — (305) 541-8772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Osvaldo Martinez, Director

Date — Daytime Phone #

0127686 CP