

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P94000005521 (7)

1. Corporation Name
MANAGED CARE NETWORKS, INC.



Principal Place of Business 8100 GOVERNORS SQUARE BLVD. SUITE 403 MIAMI LAKES FL 33016 US	Mailing Address 8100 GOVERNORS SQUARE BLVD. SUITE 403 MIAMI LAKES FL 33016 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3700 Lakeside Dr. Suite, Apt. #, etc. 22 Suite 401 City & State 23 Miramar FL Zip Country 24 33027 25 USA	2a. Mailing Address 26 3700 Lakeside Dr Suite, Apt. #, etc. 27 Suite 401 City & State 28 Miramar FL Zip Country 29 33027 30 USA
--	--

3. Date Incorporated or Qualified 01/24/1994	4. FEI Number 65-0475972	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CABRERA, MICHAEL A. 8100 GOVERNORS SQUARE BLVD. SUITE 403 MIAMI LAKES FL 33016
--

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3700 Lakeside Drive 83 Suite 401 84 City Miramar FL 85 Zip Code 33027

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE  Michael A. CABRERA 2-27-98
Signature, typed or printed name of registered agent and title, if applicable (R-311 Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CABRERA, MICHAEL A.
STREET ADDRESS	8100 GOVERNORS SQUARE BLVD.
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	D
NAME	CABRERA, DONNA L
STREET ADDRESS	1092 N.W. 162 AVENUE
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P
1.2 NAME	Cabrera, Michael A.
1.3 STREET ADDRESS	3700 Lakeside Drive, Suite 401
1.4 CITY-ST-ZIP	Miramar, FL 33027
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:  Michael A. CABRERA 2-27-98 (954) 441-7600

CR2E034 (10/97)