

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90089 049 \*\*\*150.00

**DOCUMENT # P94000014758**

1. Entity Name  
**MANAGED HEALTHCARE SYSTEMS, INC.**



Principal Place of Business  
**1100 N.E. 51ST. STREET  
OAKLAND PARK, FL 33334**

Mailing Address  
**1100 N.E. 51ST. STREET  
OAKLAND PARK, FL 33334**

**50005403**



2. Principal Place of Business

3. Mailing Address  
**c/o General Counsel, HealthExtras, Inc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**800 King Farm Boulevard, 4th Floor**

01062005 Chg-P CR2E034 (10/03)

City & State

City & State  
**Rockville, MD**

4. FEI Number  
**65-0609060**

Applied For  
Not Applicable

Zip

Country

Zip

**20850**

Country

**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENNETH J. SACK  
1100 NE 51ST ST  
OAKLAND PARK, FL 33334**

Name  
**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

City  
**Plantation**

**FL**

Zip Code  
**33324**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**Stacy M. Rosenthal  
Vice President and  
Assistant Secretary**

**1/7/2005**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MR.  
SACK, KENNETH J  
1100 NE 51TH ST  
OAKLAND PARK, FL 33334** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Kenneth J. Sack  
1100 NE 51st Street  
Oakland Park, FL 33334** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
David T. Blair  
800 King Farm Boulevard, 4th Floor  
Rockville, MD 20850** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director, Treasurer & CFO  
Michael P. Donovan  
800 King Farm Boulevard, 4th Floor  
Rockville, MD 20850** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President & Secretary  
Thomas M. Farah  
800 King Farm Boulevard, 4th Floor  
Rockville, MD 20850** ☐ 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

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas M. Farah, Secretary** 1/6/05

Date

(301) 548-2900

Daytime Phone #