

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000014758

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

6301 NW 5TH WAY  
SUITE 5010  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GENERAL COUNSEL, CHSI  
800 KING FARM BLVD., 4TH FLOOR  
ROCKVILLE, MD 20850

**New Mailing Address:**

**FEI Number:** 65-0609060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DCEO  
**Name:** BLAIR, DAVID T  
**Address:** 800 KING FARM BLVD, 4TH FLOOR  
**City-St-Zip:** ROCKVILLE, MD 20850

**Title:** DCFO  
**Name:** TRAN, HAI V  
**Address:** 800 KING FARM BLVD, 4TH FLOOR  
**City-St-Zip:** ROCKVILLE, MD 20850

**Title:** VPS  
**Name:** METGE, BRUCE F  
**Address:** 800 KING FARM BLVD, 4TH FLOOR  
**City-St-Zip:** ROCKVILLE, MD 20850

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** BRUCE F. METGE

VPS

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date