## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

	The gas a second	
DOCUMENT #	P94000017033	(9)

1. Corporation Name MANAGED HEALTH SERVICE, INC.

	TENETH OUTFICE, INC	<i>.</i>					
Principal Place	of Business	Mailing Address				- I IBBAINDUS AIR SUSAIL BABAIN DUSAIN DUSAIN	80111 88101 11811 10811 88188 11188 1111 1881
13602 NORTH TAMPA FL 33	1 46TH STREET 613	13602 NORTH 46 TAMPA FL 33613					
<u> </u>						3. Date Incorporated or Qualified 02/24/1994	3a. Date of Last Report 07/10/1995
2. Principal Pla	ace of Business	2a. Mailing Addres	·S			4. FEI Number	Applied For
Suite, Apt. i	#. elc.	26 Suite Apt. #, 6				59-3223483	Not Applicable
22		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	Oity & State				6. Election Campaign Financing	<b>\$5.00</b> May Be
<b>23</b> Ζιρ	Country	28				Trust Fund Contribution	Added to Fees
24	Country 25	Ζφ <b>29</b>	30	ountry		This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New F	
				81	Name		
	r, henry M MD 46th street			82	Street Ac	ddress (P.O. Box Number is Not Acceptab	D e)
TAMPA F				83			
	<b>Y</b>			84	City		Int Za Cada
				- 1 1	-		FL 85 Zip Code
OL LEGISTER	ou agent, or both, in the state of right	ga, buch chance was at	unonzea av me	bove r e coro	named corp	poration submits this statement for the pur pard of directors. I hereby accept the appr	r,oose of changing its registered office
familiär wit	h, and accept the obligations of, Sec	tion 607.0505, Florida St	atutes.	Cr 00.F	or early in a loc	ова от високого. Тивгору авсерт тие архи	Continent as registered agent, i am
SIGNATURE _	Signature Typed or printer name of migrosocia agran	<b></b> >	Appli b			ared when renistating	5/1176
12.		D DIRECTORS	13		r signarur : requ	ADDITIONS CHANGES TO OFF	DATE FOR BS AND INDECTIONS IN 12
TITLE	D	☐ DELET		1 Tifl(F	<u>T</u> -	ACCOMMENS TO CALL	Change Addition
NAME	RAMSEUR, HENRY M M		12	NAME			
STREET ADDRESS	13602 N 46TH STREET		1.3	SIREFI	ADDRESS		
CITY - ST - ZIP	TAMPA FL		1.4	CITY-S	1 - <b>2</b> iP		
TITLE	D	☐ DELET	2	TIFLE			Change Addition
NAME	SEVER, RAYMOND J. MD		22	NAME			_ · _
STREET ADDRESS	13602 N 46TH STREET		23	STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL		24	CITY-S	r - 7iP		
TITLE		☐ D£L£Ti	3 '	TITLE			Change Addition
NAME			32	NAME			<del></del>
STREET ADDRESS			33	STREET	ADDRES-5		
CITY-ST-7/P			3.4	CITY - S	r - ZIP		
TITLE		DELETI	4 1	TITLE			Change Addition
NAME			4?	NAME			
STREET ADDRESS			4.3	1438*2	ADURESS		
CITY-ST-ZIP				CITY - ST	1 - ZIP		
TITLE		☐ DELF I	5 1	I TIT∈€		10000010	Change
NAME			52	NAME		1000019- -05/29/96011	™ = • & 10 # ± 129008
STREET ADDRESS			5.3	STHEET	ADDRESS	***200.00	ico quu
CITY - ST - ZIP				CITY - S1	- ZiP		
TITLE		DELETE	6 1	THLE			Change Addition
NAME			6.2	NAME			
STREET ADDRESS			63	STREET	ADORESS		
CHY-ST-ZIP			64	CITY-SI	- 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 (7(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 AND T PEO OF PENTED NAME OF SIGNING OF CER OR DIRECTOR

Baytane Phone ¥