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CORPORATION
ANNUAL REPORT
1995


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DIVISION OF CORPORATIONS

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DOCUMENT # **P94000023192 (5)**

1. Introduction

FFI RX MANAGED CARE, INC.

3502 HENDERSON BLVD. SUITE 300 TAMPA FL 33609		3502 HENDERSON BLVD SUITE 300 TAMPA FL 33609		3. Date incorporated or organized 03/22/1994		3a. Date of last regular 03/22/1994	
2. Principal place of business 21		2a. Mailing Address 26		4. FIC Number 59-7236503		Applied For Not Applicable	
22. State of incorporation 22		27. State of mailing address 27		5. Certificate of Status Entered ☐		\$8.75 Additional Fee Required	
23. City, State & Zip 23		28. City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. ☐		29. ☐		8. This corporation has liability for information as required by Florida Statutes. ☐ Yes ☒ No		30. ☐	
9. Name and Address of Current Registered Agent SIERRA, MICHAEL 100 S. ASHLEY DR. SUITE 1250 TAMPA FL 33602				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City, State & Zip FL 85			
11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes.							
SIGNATURE _____							
12. OFFICERS AND DIRECTORS DP PULS, JOHN 3502 HENDERSON BLVD., #300 TAMPA FL 33609				13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 D/VP/S XX Change ☐ Add or			
DV MINDALA, JAMES J 3502 HENDERSON BLVD., #300 TAMPA FL 33609				Resigned XX Change ☐ Add or			
DST PULS, BRANDIE 3502 HENDERSON BLVD., #300 TAMPA FL 33609				D/ P Paul Wutz 3502 Henderson Blvd., #300 Tampa, FL 33609			
REMITTED BY MAY 1				REMITTED BY MAY 1			
14. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes.				15. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes.			
SIGNATURE: _____				John L. Puls, JR			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				813 875-8662			

REMITTED BY MAY 1