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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000023192 (5)

1. Corporation Name

FFI RX MANAGED CARE, INC.

Principal Place of Business

Mailing Address

3502 HENDERSON BLVD.
SUITE 300
TAMPA FL 33609

3502 HENDERSON BLVD.
SUITE 300
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/22/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3236503	
24 Country		29 Country		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PULS, JOHN L JR.
3502 HENDERSON BLVD
SUITE 300
TAMPA FL 33609

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1.1 TITLE	
NAME	PULS, JOHN	1.2 NAME	
STREET ADDRESS	3502 HENDERSON BLVD., #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	DCEO
NAME	MINDALA, JAMES J	2.2 NAME	MINDALA, JAMES J.
STREET ADDRESS	3502 HENDERSON BLVD., #300	2.3 STREET ADDRESS	9640 weathervane drive
CITY-ST-ZIP	TAMPA FL 33609	2.4 CITY-ST-ZIP	CHAGRIN FALLS, OH 44023
TITLE		3.1 TITLE	DP
NAME		3.2 NAME	WUTZ, PAUL F.
STREET ADDRESS		3.3 STREET ADDRESS	72 BRANDYWINE DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HUDSON, OH 44236
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature]

4/15/98

CR2E034 (10/97)