

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000030764 (2)**

1. Corporation Name

MANAGED CARE SPECIALISTS, INC.



Principal Place of Business

**999 PONCE DE LEON # 940
CORAL GABLES FL 33134**

Mailing Address

**999 PONCE DE LEON # 940
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

21

26

Sub. Apt. #, etc.

Sub. Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/22/1994

3a. Date of Last Report

03/17/1995

4. FEI Number

65-0486360

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.1506, 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 of the person who is authorized to sign this report

DATE Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
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STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
AVELLO, JULIO A
999 PONCE DE LEON # 940
CORAL GABLES FL 33134**

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1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

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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 119.07(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 its 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 change or an addition is being made.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96
Date

(305) 529-1999
Daytime Phone #

CR2E034 (12/95)