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

DOCUMENT # P94000044050 (0)

1. Corporation Name

NATIONAL MANAGED CARE CONSULTANTS, INC.

Principal Place of Business
455 DOUGLAS AVE.
SUITE 2255-D
ALTAMONTE SPRINGS FL 32714

Mailing Address
P.O. BOX 162225
ALTAMONTE SPRINGS FL 32716-2225
US

3. Date Incorporated or Qualified: 06/07/1994
3a. Date of Last Report: 05/23/1995
4. FEI Number: 59-3262498 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 455 DOUGLAS AVENUE
Suite, Apt. #, etc.
22 SUITE 1155
City & State
23 ALTAMONTE SPRINGS FL
Zip 24 32714 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

BATY, RALPH D SR
455 DOUGLAS AVE.
SUITE 2255-D
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 455 DOUGLAS AVENUE
83 SUITE 1155
84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714

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] RALPH D. BATY, SR. 04/15/96

12. OFFICERS AND DIRECTORS

TITLE	ST	☐ DELETE
NAME	BATY, DARAH R	
STREET ADDRESS	410 EVESHAM PLACE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	☐ DELETE
NAME	GILL, CHARLES A DDS	
STREET ADDRESS	1200 E. ROBINSON STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	☐ DELETE
NAME	SHARFMAN, IRWIN M MD	
STREET ADDRESS	1936 LEE ROAD SUITE 137	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	☐ DELETE
NAME	HALPERIN, LAWRENCE S MD	
STREET ADDRESS	100 GORE WEST SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	DPC	☐ DELETE
NAME	BATY, RALPH D SR	
STREET ADDRESS	410 EVESHAM PLACE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	ST	☒ Change ☐ Addition
1 NAME	BATY, SARAH E.	
1 STREET ADDRESS	1942 PALM VIEW DRIVE	
1 CITY-ST-ZIP	APOPKA, FL 32712	
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	DPC	☒ Change ☐ Addition
5 NAME	BATY, RALPH D., SR.	
5 STREET ADDRESS	1942 PALMVIEW DRIVE	
5 CITY-ST-ZIP	APOPKA, FL 32712	
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-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 119.07(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 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] RALPH D. BATY, SR. 04/15/96 407-865-7131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)