SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995 6-22-95 P- 7489 1C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:14

DOCUMENT # P94000063249 (4)

1. Corporation Name

MANAGED CARE DATA SYSTEMS, INC.

Principal Place of Business	Mailing Address
9921 S.W. 97TH COURT MIAMI FL 33176	9921 S.W. 97TH COURT MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1994
3a. Date of Last Report: N/A

2. Principal Place of Business (21) | 2a. Mailing Address (25)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: APPLIED FOR ☑ 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

9. Name and Address of Current Registered Agent

MUSSAK, SCOTT G
9921 S.W. 97TH COURT
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: MARY GRIFFEY
82 Street Address (P.O. Box Number is Not Acceptable): 9921 SW 97 COURT
83
84 City: MIAMI FL 65 Zip Code: 33176

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: Mary T. Griffey MARY T. GRIFFEY 6/12/95
Signature(s) and printed name of registered agent, if not listed, as applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	NO LONGER WITH CORPORATION	☒ Change ☐ Addition
NAME	MUSSAL, SCOTT G	12 NAME		
STREET ADDRESS	9921 S.W. 97TH COURT	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	GRIFFEY, MARY	22 NAME		
STREET ADDRESS	9921 S.W. 97TH COURT	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	GRIFFEY, RON	32 NAME		
STREET ADDRESS	9921 S.W. 97TH COURT	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176	34 CITY-ST-ZIP		
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	BUANS, ROBERT	
STREET ADDRESS		43 STREET ADDRESS	10055 SW 77 COURT	
CITY-ST-ZIP		44 CITY-ST-ZIP	MIAMI, FL. 33156	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	JORGE M. MOLINA, JR.	
STREET ADDRESS		53 STREET ADDRESS	1250 S. ALHAMBRA CIRCLE #20	
CITY-ST-ZIP		54 CITY-ST-ZIP	CORAL GABLES, FL. 33146	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Mary T. Griffey MARY T. GRIFFEY 6-12-95 (305) 271-6343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042010 CF