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

... M 10: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068981 (7)

1. Corporation Name

CSI MANAGED CARE, INC.

Principal Place of Business
515 E LAS OLAS BLVD
SUITE 1600
FT LAUDERDALE FL 33301

Mailing Address
515 E LAS OLAS BLVD
SUITE 1600
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 09/20/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

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

4. FEI Number: 65-0526421 ☐ 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

POZZUOLI, EDWARD J
790 E BROWARD BLVD
SUITE 200
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: BRADFORD J. BEILLY
82 Street Address (P.O. Box Number is Not Acceptable): 790 E. Broward Boulevard
83 Suite 200
84 City: Ft. Lauderdale, FL 85 Zip Code: 33301

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 8/22/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	REITER, WILLIAM M	
STREET ADDRESS	515 E LAS OLAS BLVD SUITE 1600	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	A. Abar	☐ Change ☐ Addition
5.2 NAME	8-23-96	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	000001915220	☐ Change ☐ Addition
6.2 NAME	-08/07/96--01046--001	
6.3 STREET ADDRESS	***2796.25	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: William M. Reiter 6/7/96 954-766-2552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #