

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

195 MAR -3 AM 8:57

DOCUMENT # P94000070981 (3)

1. Corporation Name

MANAGED MEDICAL CARE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

27501 S FEDERAL HWY
MIAMI FL 33032

Mailing Address

27501 S FEDERAL HWY
MIAMI FL 33032

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 27501 SOUTH DIXIE HIGHWAY

2a. Mailing Address

27501 SOUTH DIXIE HIGHWAY

Suite, Apt., etc.

22 SUITE 300

Suite, Apt., etc.

27 SUITE 300

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

24 33032

Country

25 USA

Zip

29 33032

Country

30 USA

3. Date Incorporated or Qualified

09/23/1994

3a. Date of Last Report

4. FBI Number

65-0542750

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

10. Name and Address of New Registered Agent

BRENNAN, JAMES A III
27501 S FEDERAL HWY
MIAMI FL 33032

81 Name

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

27501 SOUTH DIXIE HIGHWAY
SUITE 300

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 officer 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

James A. Brennan

2/17/95

12. OFFICERS AND DIRECTORS

12.1 NAME	DPST
12.2 NAME	BRENNAN, JAMES A III
12.3 STREET ADDRESS	27501 S FEDERAL HWY
12.4 CITY, ST, ZIP	MIAMI FL 33032
12.5 TITLE	
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☒ Change ☐ Addition
13.2 NAME	BRENNAN, James A. III
13.3 STREET ADDRESS	27501 SOUTH DIXIE HIGHWAY
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is true and correct, and that I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. I hereby certify that the information supplied with this filing is true and correct, and that I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. I hereby certify that the information supplied with this filing is true and correct, and that I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

James A. Brennan

NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

2/17/95

305-246-1778