FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT -**CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000070981**1. Corporation Name

MANAGED MEDICAL CARE, INC.

| FILED |
|---------------------------------|
| Apr 30, 1999 8:00 am |
| Secretary of State |
| 04.20.1000.00027.006.***1.50.00 |

04-30-1999 90027 006

| COMMORAGE DES 1800 ASSES | 00151 0651L 901H B01H 100H | ENIER HELEN HOLDE HER LEDN |
|--------------------------|----------------------------|----------------------------|
| | | |
| | | |

| • | of Business | Mailing Address | | | ~ | | | |
|--|---|--|-----------|----------------------------|--|----------------|---------------------------|-------------|
| 27501 S DIXIE I STE 300 MIAMI FL 33032 | . * | 27501 S DIXIE HWY STE 300 Miami Fl 33032 | | DO NOT WRITE IN THIS SPACE | | | | |
| US | | US | | | 3. Date Incorporated or Qualifed 09/23/1994 | <u></u> - | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | — | pplied For | - |
| 21 | , | 26 Cuite Ant # ste | | | 65-0542750 | | ot Applicable Additional | ł |
| Suite, Apt. : | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | Fee R | tequired | |
| City & State | е | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | • | May Be to Fees | |
| Zip | Country | Zip | Cou | ntry | 8. This corporation owes the current year | Intangible | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | Yes | Mo | |
| —' | 9. Name and Address of Curre | ent Registered Agent | | | 10. Name and Address of New Registere | d Agent | | |
| | | | | 81 Name | | | | |
| | NNAN, JAMES A III 11 S DIXIE HWY | | | 82 Street Ad | dress (P.O. Box Number is Not Acceptable) | | | |
| STE | | | | 83 | , | | | |
| MINIM | AI FL 33032 | | | 84 City | F | 85 Zip | Code | 1 |
| office or re | to the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the oblig | e of Florida. Such change was a | utnorized | by the corpora | rporation submits this statement for the purpose ition's board of directors. I hereby accept the ap | of changing it | s registered egistered |] |
| | Signature, typed or printed name of registered as | L | | Agent signature requ | ired when reinstating) DATE | AND DIRECT | OBS IN 12 | ∮ જૂ |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | Change | | 1/98 |
| TITLE | DPST | ☐ DELETE | 1.1 TI | | | □ Origings | | 1 5 |
| NAME | BREENAN, JAMES A III | | 1.2 NA | | | | | F034 |
| STREET ADDRESS | 27501 S DIXIE HWY | | 1.3 ST | REET ADDRESS | | | | RSF |
| CITY-ST-ZIP | MIAMI FL 33032 | | _ | ry-st-zip | | Change | Addition | ∤ ሮ |
| TITLE ' | * | ☐ DELETE | 2.1 TI | | | □ Criange | ☐ Addition | " |
| NAME | , | | 2.2 NA | | | • | | } |
| STREET ADDRESS | | | 2.3 ST | REET ADDRESS | | | | - |
| CITY-ST-ZIP | | | _ | TY-ST-ZIP | | Change | Addition | ┨ |
| TITLE | | ☐ DELETE | 3.1 TI | | were the second | | | |
| NAME | | | 3.2 N | | | | | |
| STREET ADDRESS | • | | 3.3 ST | REET ADDRESS | | | | |
| C/TY-ST-ZIP | | | | TY-ST-ZIP | | | - Addition | - |
| TITLE | | ☐ DELETE | 4.1 Ti | ne | | ☐ Change | ☐ Addition | |
| NAME | | • | 4. 2 N | | | | | |
| STREET ADDRESS | ٠ | | 4.3 ST | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | | ry-st-zip | | | Addition | ┨ |
| TITLE | | DOELETE | 5.1 TI | I . | | Change | | |
| NAME | | | 5.2 NA | l l | | | | |
| STREET ADDRESS | · . | | | REET ADORESS | | | | } |
| CITY-ST-ZIP | | | | TY-ST-ZIP | | | ☐ A ddista | } |
| TITLE | , | ☐ DELETE | 6.1 TI | 1 | | ☐ Change | Addition | 1 |
| NAME | | | 6.2 N | | | | | |
| STREET ADDRESS | • | | 6.3 S1 | REET ADDRESS | , | | | 1 |

6.4 CITY-ST-ZIP CITY-ST-ZiP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

(3051246-1778