

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070981

1. Entity Name

MANAGED MEDICAL CARE, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90099 010 \*\*\*163.75

Principal Place of Business

27501 S DIXIE HWY  
 STE 300  
 MIAMI FL 33032  
 US

Mailing Address

27501 S DIXIE HWY  
 STE 300  
 MIAMI FL 33032-8219  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0542750

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRENNAN, JAMES A III  
 27501 S DIXIE HWY  
 STE 300  
 MIAMI FL 33032

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☒

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete  
 NAME BRENNAN, JAMES A III  
 STREET ADDRESS 27501 S DIXIE HWY  
 CITY-ST-ZIP MIAMI FL 33032

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (305) 246-1778  
 Date Daytime Phone #

CR2E034 (9/99)