FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 9:08

DOCUMENT # P94000079039 (1)

1. Corporation Name

MANAGED CARE 2000, INC.

Principal Place of Business	Mailing Address
3965 HENDERSON BLVD. TAMPA FL 33629-5015	3965 HENDERSON BLVD. TAMPA FL 33629-5015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1994
3a. Date of Last Report: N/A

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: 59-3278649 — 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

BARBER, TIMOTHY R
3965 HENDERSON BLVD.
TAMPA FL 33629-5015

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 TITLE	TREASURER	[ ] Change [X] Addition
NAME	BARBAR, TIMOTHY R	1 NAME	RANDALL J. KOUBEK	
STREET ADDRESS	3965 HENDERSON BLVD.	1 STREET ADDRESS	4504 FERNCROFT CIR.	
CITY ST ZIP	TAMPA FL 33629-5015	1 CITY ST ZIP	TAMPA, FL. 33629	
TITLE		2 TITLE		[ ] Change [ ] Addition
NAME		2 NAME		
STREET ADDRESS		2 STREET ADDRESS		
CITY ST ZIP		2 CITY ST ZIP		
TITLE		3 TITLE		[ ] Change [ ] Addition
NAME		3 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY ST ZIP		3 CITY ST ZIP		
TITLE		4 TITLE		[ ] Change [ ] Addition
NAME		4 NAME		
STREET ADDRESS		4 STREET ADDRESS		
CITY ST ZIP		4 CITY ST ZIP		
TITLE		5 TITLE		[ ] Change [ ] Addition
NAME		5 NAME		
STREET ADDRESS		5 STREET ADDRESS		
CITY ST ZIP		5 CITY ST ZIP		
TITLE		6 TITLE		[ ] Change [ ] Addition
NAME		6 NAME		
STREET ADDRESS		6 STREET ADDRESS		
CITY ST ZIP		6 CITY ST ZIP		

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)(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.

SIGNATURE: ✗ Timothy R. Barber — 1-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0301250 CP