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

APPROVED AND FILED

95 APR 12 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000083255 (7)**

1. Corporation Name

FLORIDA CARE CONNECT, INC.

Principal Place of Business	Mailing Address
14001 DALLAS PARKWAY SUITE 200 DALLAS TX 75240	14001 DALLAS PARKWAY SUITE 200 DALLAS TX 75240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/15/1994**

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number / 5. Certificate of Status / 6. Election Campaign Financing / 8. Tax Liability
21 2700 Colorado Ave.	26 2700 Colorado Ave.	75-2567252 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Santa Monica, Ca	City & State 28 Santa Monica, Ca	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / County 24 90404 / 25 USA	Zip / County 29 90404 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D/SVP/S ☒ Change ☐ Addition
NAME	SABATINO, THOMAS J JR.	12 NAME	Scott M. Brown
STREET ADDRESS	14001 DALLAS PARKWAY, SUITE 200	13 STREET ADDRESS	2700 Colorado Ave.
CITY ST ZIP	DALLAS TX 75240	14 CITY ST ZIP	Santa Monica, Ca 90404
TITLE	D	21 TITLE	P ☒ Change ☐ Addition
NAME	BAILEY, BARY G	22 NAME	Michael H. Focht, Sr.
STREET ADDRESS	14001 DALLAS PARKWAY, SUITE 200	23 STREET ADDRESS	2700 Colorado Ave.
CITY ST ZIP	DALLAS TX 75240	24 CITY ST ZIP	Santa Monica, Ca 90404
TITLE	D	31 TITLE	EVP ☒ Change ☐ Addition
NAME	SMITH, W. RANDOLPH	32 NAME	Thomas B. Mackey
STREET ADDRESS	14001 DALLAS PARKWAY, SUITE 200	33 STREET ADDRESS	2700 Colorado Ave.
CITY ST ZIP	DALLAS TX 75240	34 CITY ST ZIP	Santa Monica, Ca 90404
TITLE		41 TITLE	VP/T ☒ Change ☐ Addition
NAME		42 NAME	Terence P. McMullen
STREET ADDRESS		43 STREET ADDRESS	2700 Colorado Ave.
CITY ST ZIP		44 CITY ST ZIP	Santa Monica, Ca 90404
TITLE		51 TITLE	EVP ☒ Change ☐ Addition
NAME		52 NAME	W. Randolph Smith
STREET ADDRESS		53 STREET ADDRESS	14001 Dallas Parkway, Ste. 200
CITY ST ZIP		54 CITY ST ZIP	Dallas, Tx 75240
TITLE		61 TITLE	VP/AS ☒ Change ☐ Addition
NAME		62 NAME	Thomas J. Sabatino, Jr.
STREET ADDRESS		63 STREET ADDRESS	14001 Dallas Parkway, Ste. 200
CITY ST ZIP		64 CITY ST ZIP	Dallas, Tx 75240

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: _____ Thomas J. Sabatino, Jr. 4/7/95 214/789-2465

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

0302440 CP