# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 22, 2005**
**Secretary of State**

DOCUMENT# P95000028129

**Entity Name:** MANAGED CARE INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

551 N.W. 107 AVENUE
S-201
MIAMI, FL 33172

**New Principal Place of Business:**

701 NW 57 AVENUE
S-240
MIAMI, FL 33126

**Current Mailing Address:**

551 N.W. 107 AVENUE
S-201
MIAMI, FL 33172

**New Mailing Address:**

CORAL GABLES BRANCH
PO BOX 14-0002
CORAL GABLES, FL 33114-00 02

**FEI Number: 65-0578868** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEDWIN, PHILLIP
2801 PONCE DE LEON BLVD.
S-370
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete
Name: BEHAR, VICTOR
Address: 551 NW 107TH AVE VILLA 201
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition
Name: BEHAR, VICTOR
Address: 701 NW 57 AVENUE, S-240
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR BEHAR CEO 01/22/2005

Electronic Signature of Signing Officer or Director — Date