

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000037160 (5)

1. Corporation Name

MANAGED CARE SOLUTIONS OF TAMPA BAY, INC.



Principal Place of Business

116 11TH ST. SO.
BRADENTON BEACH FL 34217

Mailing Address

116 11TH ST. SO.
BRADENTON BEACH FL 34217

3. Date Incorporated or Qualified
05/08/1995

3a. Date of Last Report
N/A

2. Principal Place of Business
21 1007 Gulf Dr. N.

2a. Mailing Address
26 1007 Gulf Dr. N.

4. FEI Number
605-0574086

Applied For
Not Applicable

Suite, Apt. #, etc.
22 # 208

Suite, Apt. #, etc.
27 # 208

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State
23

City & State
28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country
24 25

Zip Country
29 30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARMAN, SHEREE L

116 11TH ST. SO. 1007 Gulf Dr. N., # 208
BRADENTON BEACH FL 34217

81 Name

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

83 1007 Gulf Dr. N., # 208

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 *Sheree L. Harman / Sheree L. Harman, President*

4/29/96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HARMAN, SHEREE L
STREET ADDRESS 116 11TH ST. SO.
CITY-ST-ZIP BRADENTON BEACH FL 34217 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(4), 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: *Sheree L. Harman / Sheree L. Harman*

4/29/96

(813) 535-3335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 154

CR2E034 (12/95)