

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000056277 (3)

1. Corporation Name

NORTHERN MANAGED CARE ASSOCIATES, INC.



Principal Place of Business

999 PONCE DE LEON BLVD  
SUITE 730  
CORAL GABLES FL 33134

Mailing Address

999 PONCE DE LEON BLVD  
SUITE 730  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1995

4. FEI Number

65-0611501

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3399 PONCE DE LEON

Suite, Apt. #, etc.

22 203

City & State

23 CORAL GABLES FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Same.

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ROQUE VELASCO, ISMAEL  
999 PONCE DE LEON BLVD.  
SUITE 730  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

CECILIA MENENDEZ

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

3399 PONCE DE LEON BLVD.

83

Suite 203

84

CORAL GABLES FL

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0102 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]*  
Signature typed or printed name of registered agent and title if applicable

CECILIA MENENDEZ, DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

3/28/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS ROQUE VELASCO, ISMAEL  
CITY-ST-ZIP 999 PONCE DE LEON BLVD., #730  
CORAL GABLES FL 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 DIRECTOR ☒ Change ☐ Addition  
1.2 NAME CECILIA MENENDEZ  
1.3 STREET ADDRESS 3399 PONCE DE LEON BLVD. Suite 203  
1.4 CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 as an attachment with an address.

SIGNATURE:

*[Signature]*

CECILIA MENENDEZ, DIRECTOR  
ROQUE VELASCO, ISMAEL

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-05/01/98--01075--010  
\*\*\*150.00

CF2E034 (10/97)