

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90054 045 ***150.00

DOCUMENT # P95000056277

1. Corporation Name

NORTHERN MANAGED CARE ASSOCIATES, INC.

Principal Place of Business

**3399 PONCE DE LEON BLVD.
SUITE 203
CORAL GABLES FL 33134
US**

Mailing Address

**3399 PONCE DE LEON BLVD.
SUITE 203
CORAL GABLES FL 33134
US**

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10751 SW 61 AVE

2a. Mailing Address

26 10751 SW 61 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33156 **25 USA**

Zip

29 33156 **30 USA**

9. Name and Address of Current Registered Agent

**MENENDEZ, CECILIA
3399 PONCE DE LEON BLVD.
SUITE 203
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)

10751 SW 61 AVE

83

84 City MIAMI

FL

85 Zip Code 33156

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

CECILIA MENENDEZ DIRECTOR

2/5/99

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

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MENENDEZ, CECILIA**
STREET ADDRESS **3399 PONCE DE LEON BLVD. #203**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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 ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CECILIA MENENDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)