

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060629

1. Entity Name

MEDPARTNERS MEDICAL MANAGEMENT OF OHIO, INC.

FILED

00 JAN 11 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1200 SO. PINE ISLAND ROAD
STE 600
PLANTATION FL 33324

3000 GALLERIA TOWER, STE 1000
BIRMINGHAM AL 35244-2359

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0607881

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: MOSQUERA, LUIS Delete
STREET ADDRESS: 3000 GALLERIA TOWER., STE 1000
CITY-ST-ZIP: BIRMINGHAM AL 35244

TITLE: PD
NAME: James H. Dickerson, Jr. Change Addition
STREET ADDRESS: 3000 Galleria Tower, Suite 1000
CITY-ST-ZIP: Birmingham, AL 35244

TITLE: VSD
NAME: FINLEY, SARA J Delete
STREET ADDRESS: 3000 GALLERIA TOWER., STE 1000
CITY-ST-ZIP: BIRMINGHAM AL 35244

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: TD
NAME: KIZER, LEISA Delete
STREET ADDRESS: 3000 GALLERIA TOWER., STE 1000
CITY-ST-ZIP: BIRMINGHAM AL 35244

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: 200003094682--4
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sara J. Finley

1/7/00

205/733-8996

KE

CR2E034 (9/99)

2



ACCOUNT NO. : 072100000032

REFERENCE : 547363 4390339

AUTHORIZATION : *Patricia Pizit*

COST LIMIT : \$ 150.00

ORDER DATE : January 11, 2000

ORDER TIME : 10:47 AM

ORDER NO. : 547363-040

CUSTOMER NO: 4390339

CUSTOMER: Ms. Holly J. Affleck
Caremark Rx, Inc.
3000 Galleria Tower
Suite 1000
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: MEDPARTNERS MEDICAL MANAGEMENT
OF OHIO, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS: **KM**

RECEIVED
 00 JAN 11 AM 11:28
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA