

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091239

1. Entity Name

MEDPARTNERS MANAGED CARE, INC.

FILED

00 JAN 11 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324

Mailing Address
3000 GALLERIA TOWER
SUITE 1000
BIRMINGHAM AL 35244-2359



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0622858		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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 _____ (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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOSQUERA, LUIS 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM AL 35244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James H. Dickerson, Jr. 3000 Galleria Tower, Suite 1000 Birmingham, AL 35244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FINLEY, SARA J 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM AL 35244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003094684--8 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIZER, LEISA P 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM AL 35244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sara J. Finley 1/7/00 205/733-8996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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ACCOUNT NO. : 072100000032
REFERENCE : 547363 4390339
AUTHORIZATION : *Patricia Pizub*
COST LIMIT : \$ 150.00

ORDER DATE : January 11, 2000
ORDER TIME : 10:45 AM
ORDER NO. : 547363-035
CUSTOMER NO: 4390339
CUSTOMER: Ms. Holly J. Affleck
Caremark Rx, Inc.
3000 Galleria Tower
Suite 1000
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: MEDPARTNERS MANAGED CARE, 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: KE

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