

2001 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

0665307

DOCUMENT # P95000091239

1. Entity Name

MEDPARTNERS MANAGED CARE, INC.

FILED

01 JAN 16 PM 4:14

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3000 Galleria Tower

Suite, Apt. #, etc.

Suite 1000

City & State

Birmingham, AL

Zip

35244

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0622858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DICKERSON, JAMES H JR.	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	FINLEY, SARA J	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KIZER, LEISA P	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500003539435--7

TS

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

1/9/01
Date

(205) 733-8996
Daytime Phone #

CR2E034 (10/00)



ACCOUNT NO. : 072100000032

REFERENCE : 965856 4390339

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 150.00

ORDER DATE : January 16, 2001

ORDER TIME : 2:38 PM

ORDER NO. : 965856-030

CUSTOMER NO: 4390339

CUSTOMER: Ms. Susan Lester
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:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS:

RECEIVED
JAN 16 PM 3:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA