

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0644982 AT

1 of 2

DOCUMENT # P95000091239



1. Entity Name
MEDPARTNERS MANAGED CARE, INC.

FILED

03 JAN 31 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3000 GALLERIA TOWER
SUITE 1000
BIRMINGHAM AL 35244
US

Mailing Address
3000 GALLERIA TOWER
SUITE 1000
BIRMINGHAM AL 35244
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0622858

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKERSON, JAMES H JR. 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM AL 35244 <input checked="" type="checkbox"/> Delete
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	T ISLEY, CONNIE M 2211 SANDERS RD. NORTHBROOK IL 60062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bradley S. Karro 3000 Galleria Tower, Suite 1000 Birmingham, AL 35244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800011597738 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sara J. Finley 1-28-03 (205) 733-8996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

2092

CSC

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 915369 4390339

AUTHORIZATION :

Patricia Pzyt

COST LIMIT : \$ 150.00

ORDER DATE : January 31, 2003

ORDER TIME : 2:09 PM

ORDER NO. : 915369-030

CUSTOMER NO: 4390339

CUSTOMER: Ms. Susan Lester
Caremark Rx, Inc.
Suite 1000
3000 Galleria Tower
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: Ginger Simmons-EXT#1139

EXAMINER'S INITIALS:

RECEIVED
03 JAN 31 PM 2:30
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA