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Jun 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019203 (4)

1. Corporation Name

MANAGED CARE GROUP, INC.



Principal Place of Business

18192 WINDINGVAIL AVE.
PORT CHARLOTTE FL 33948

Mailing Address

18192 WINDINGVAIL AVE.
PORT CHARLOTTE FL 33948-1940

2. Principal Place of Business

21 17200 GULF BLVD

Suite, Apt. #, etc.

22 UNIT #507

City & State

23 NORTH REDDINGTON BEACH, FL

Zip

24 33708

Country

25 USA

2a. Mailing Address

26 17200 GULF BLVD.

Suite, Apt. #, etc.

27 UNIT #507

City & State

28 NORTH REDDINGTON BEACH, FL

Zip

29 33708

Country

30 USA

3. Date Incorporated or Qualified

02/28/1996

3a. Date of Last Report

4. FEI Number

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

WITTORFF, JON D
18192 WINDINGVAIL AVE.
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name JON. D. WITTORFF

82 Street Address (P.O. Box Number is Not Acceptable)
17200 GULF BLVD.

83 UNIT #507

84 City NORTH REDDINGTON BEACH, FL

85 Zip Code
33708

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

Jon D. Wittorff

(NOTE: Registered Agent signature required when reinstating)

3/24/97

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME JON D. WITTORFF, PRESIDENT
STREET ADDRESS 17200 GULF BLVD. UNIT 507
CITY-ST-ZIP N. Redington Beach, FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do 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.

SIGNATURE

Jon D. Wittorff

3/24/97

120-978-7330

CR2E034 (9/96)