

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000019203**

Corporation Name

**MANAGED CARE GROUP, INC.**

**FILED**  
**Sep 13, 1999 8:00 am**  
**Secretary of State**

09-13-1999 90002 021 \*\*\*550.00



Principal Place of Business  
**5818 Skimmer Point Blvd.**  
**Gulfport, FL 33707**

Mailing Address  
**5818 Skimmer Point Blvd.**  
**Gulfport, FL 33707**

Principal Place of Business  
**5818 SKIMMER POINT BLVD**

2a. Mailing Address  
**5818 SKIMMER POINT BLVD**

Suite, Apt. #, etc.

City & State  
**GULFPORT FL**

City & State  
**GULFPORT**

Zip  
**33707**

Country  
**PINELLAS**

Zip  
**33707**

Country  
**PINELLAS**

9. Name and Address of Current Registered Agent

**WITTORFF, JON D**  
**5818 Skimmer Point Blvd.**  
**5818 Skimmer Point Blvd.**  
**Gulfport, FL 33707**  
**UNIT #507**  
**NORTH FREDDINGTON BEACH FL 33708**

3. Date Incorporated or Qualified

**02/28/1996**

4. FEI Number

**NOT APPLICABLE**

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 owes the current year  
Intangible Personal Property.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

**JON WITTORFF**

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

**5818 SKIMMER POINT BLVD**

83.

84. City

**GULFPORT**

**FL**

85. Zip Code  
**33707**

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 Wittorff, President**

(NOTE: Registered Agent signature required when reinstating)

**9/6/99**  
DATE

OFFICERS AND DIRECTORS

		<input type="checkbox"/> DELETE
1.	<b>P</b> <b>WITTORFF, JON D</b> <b>5818 SKIMMER POINT BLVD. UNIT #507</b> <b>NORTH FREDDINGTON BEACH FL 33708</b>	<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>
6.		<input type="checkbox"/>
7.		<input type="checkbox"/>
8.		<input type="checkbox"/>
9.		<input type="checkbox"/>
10.		<input type="checkbox"/>
11.		<input type="checkbox"/>
12.		<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	<b>WITTORFF, JON D.</b>	<input checked="" type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS	<b>5818 Skimmer Point Blvd.</b>	
1.4 CITY-ST-ZIP	<b>Gulfport, FL 33707</b>	
2.1 TITLE		<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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:

**SIGNATURE REQUIRED**

**9/6/99**

**727-344-1934**

Date Daytime Phone #

CR2E034 (5/99)