

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000019203

Entity Name: MANAGED CARE GROUP, INC.

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5818 SKIMMER POINT BLVD  
GULFPORT, FL 33707 US

**New Principal Place of Business:**

**Current Mailing Address:**

5818 SKIMMER POINT BLVD  
GULFPORT, FL 33707 US

**New Mailing Address:**

FEI Number: 59-3456232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WITTORFF, JON D  
5818 SKIMMER POINT BLVD  
GULFPORT, FL 33707 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WITTORFF, JON D  
Address: 5818 SKIMMER POINT BLVD  
City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JON WITTORFF

PRES

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date