

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 03 1998 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # P96000066320 (8)**

**1. Corporation Name**  
**MANAGED CARE SERVICES, INC.**

**Principal Place of Business**

**9000 SHERIDAN STREET  
PEMBROKE PINES FL 33024**

**Mailing Address**

**9000 SHERIDAN STREET  
PEMBROKE PINES FL 33024**



**DO NOT WRITE IN THIS SPACE**

**3. Date Incorporated or Qualified**

**07/31/1996**

**4. FEI Number**

**65-0695248**

**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 or has paid the current year Intangible  
Personal Property Tax due June 30.**

☐ Yes

☒ No

**9. Name and Address of Current Registered Agent**

**LAZZARI, ANTHONY  
3962 TRENTON AVENUE  
COOPER CITY FL 33026**

**10. Name and Address of New Registered Agent**

**81 Name**

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

**83**

**84 City**

**FL**

**85 Zip Code**

**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**

**Signature, typed or printed name of registered agent and title if applicable.**

**(NOTE: Registered Agent signature required when reinstalling)**

**DATE**

**12. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ **DELETE**

**NAME** **LAZZARI, ANTHONY**  
**STREET ADDRESS** **3962 TRENTON AVENUE**  
**CITY - ST - ZIP** **COOPER CITY FL 33026**

**TITLE** **D** ☒ **DELETE**

**NAME** **LAZZARI, LOUISE**  
**STREET ADDRESS** **3962 TRENTON AVENUE**  
**CITY - ST - ZIP** **COOPER CITY FL 33026**

**TITLE** ☐ **DELETE**

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ **DELETE**

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ **DELETE**

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ **DELETE**

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE** ☐ **Change** ☐ **Addition**

**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**

**14. 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 registered 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 the statement of change in address.**

**SIGNATURE:**

**REQUIRED**

**1/23/98**

**984-436-7379**

**CR2E034 (10/97)**