

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073014

1. Entity Name  
CONTINUCARE MANAGED CARE, INC.

Principal Place of Business  
80 SW 8TH ST.  
SUITE 2350  
MIAMI FL 33130  
US

Mailing Address  
80 SW 8TH ST.  
SUITE 2350  
MIAMI FL 33130  
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FILED

02 APR 16 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number 65-0796178  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

UCC FILING SEARCH & SERVICES INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/16/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!! FEE IS \$150.00  
After May 1, 2002, Fee will be \$550.00  
Make Check Payable to Department of State

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

## 11. OFFICERS AND DIRECTORS

TITLE PVST  
NAME SPENCER, ANGEL  
STREET ADDRESS 80 SW 8TH ST., SUITE 2350  
CITY-ST-ZIP MIAMI FL 33130

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition  
0000005348180--0  
-04/25/02--01047--006  
\*\*\*2100.00 \*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
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CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Page 1 of 1