

FILED
Sep 14, 1999 8:00 am
Secretary of State

09-14-1999 90003 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

PHOENIX MANAGED CARE, INC.

Principal Place of Business	Mailing Address
DEER HOLLOW CIRCLE GWOOD FL 32779	2171 DEER HOLLOW CIRCLE LONGWOOD FL 32779



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3479696 APPLIED FOR	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FE ARLENE GREGORIS, MARIA 2171 DEER HOLLOW CIRCLE LONGWOOD FL 32779		81 Name	LAWRENCE SCHINDLER
		82 Street Address (P.O. Box Number is Not Acceptable)	2171 Deer Hollow Circle
		83	
		84 City	Longwood FL 32779
		85 Zip Code	32779

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.

3 NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E E :ET ADDRESS -ST-ZIP	D P SCHINDLER, LAWRENCE 2171 DEER HOLLOW CIRCLE LONGWOOD FL 32779	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E :ET ADDRESS -ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E :ET ADDRESS -ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E :ET ADDRESS -ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E :ET ADDRESS -ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E :ET ADDRESS -ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E034 (5/99)

PHOENIX MANAGED CARE, INC.

2171 Deer Hollow Circle
Longwood, Florida 32779
(407) 493-1626
(407) 333-0988 Fax

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July 20, 1999

Florida Department of State
Division of Corporations
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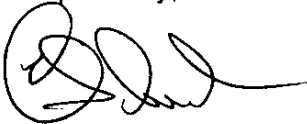
Dear Madam/Sir:

I am writing in response to my phone call today to the Reinstatement Division regarding Phoenix Managed Care, Inc.

During my call to the above department, I informed them that I had timely filed the annual report during the second week of April, 1999. I was advised to complete the attached form and enclose a check for \$150.00 as I had filed on a timely basis and apparently the form and or payment has been lost in the mail or during processing.

This is an inactive corporation, with no revenue. As such, I would appreciate your accepting this letter and the corresponding payment.

Respectfully,



Lawrence Schindler