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FILED
May 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000105011 (5)

1. Corporation Name

MANAGED CARE ADVANTAGE, INC.

Principal Place of Business

2172 WEST 9 MILE ROAD BOX 318
PENSACOLA FL 32534

Mailing Address

2172 WEST 9 MILE ROAD BOX 318
PENSACOLA FL 32534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1997

4. FEI Number

59-3493435

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

2. Principal Place of Business

21 2172 W 9 MILE RD

22 Suite, Apt. #, etc.

22 318

23 City & State

23 Pensacola FL

24 Zip

24 32534

Country

25 ESCAMBA

2a. Mailing Address

26 2172 W 9 MILE RD

27 Suite, Apt. #, etc.

27 318

28 City & State

28 Pensacola FL

29 Zip

29 32534

Country

30 ESCAMBA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

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

83 2172 W 9 MILE RD

84 City

84 Pensacola

FL

85 Zip Code

32534

11. Pursuant to the provisions of Sections 607.012 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

ROBERTA R. SHAW, PRESIDENT

DATE 5/6/98

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME SHAW, ROBERTA R R.N.
STREET ADDRESS 2172 WEST 9 MILE ROAD BOX 318
CITY-ST-ZIP PENSACOLA FL 32534

TITLE D
NAME SHAW, ROBERTA R R.N.
STREET ADDRESS 2172 WEST 9 MILE ROAD BOX 318
CITY-ST-ZIP PENSACOLA FL 32534

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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 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

CR2E034 (10/97)