

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90036 016 ***150.00

DOCUMENT # *Managed Care Advantage Inc*

1. Entity Name *P97000105011*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1211 W. 9 1/2 mile Rd
Suite, Apt. #, etc.

3. Mailing Address
1211 W. 9 1/2 mile Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Cantonment
Florida FL*

City & State *Cantonment FL*

4. FEI Number
59-3493425

Applied For
Not Applicable

Zip *32533* Country *USA*

Zip *32533* Country *USA*

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Roberta Shaw*

Street Address (P.O. Box Number is Not Acceptable)
1211 W. 9 1/2 mile Rd

City *Cantonment* FL Zip Code *32533*

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

Resident

(NOTE: Registered Agent signature required when reinstating)

4-22-02
DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
*Pres, Sec, Treas
Roberta R. Shaw
1211 W. 9 1/2 mile Rd
Cantonment FL 32533*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*V.P.
Jay F. Shaw
1211 W. 9 1/2 mile Rd
Cantonment, FL 32533*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 *850*
Date Daytime Phone # *261-8897*

CR2E034B (12/01)