

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # P97000105011

**1. Entity Name
MANAGED CARE ADVANTAGE, INC.**



**Principal Place of Business
1211 W. 9 1/2 MILE RD.
CANTONMENT, FL 32533 US**

**Mailing Address
1211 W. 9 1/2 MILE RD.
CANTONMENT, FL 32533 US**



01182004 No Chg-P CR2E034 (10/03)

**4. FEI Number
59-3493425** ☐ **Applied For**
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHAW, ROBERTA
1211 W. 9 1/2 MILE RD.
CANTONMENT, FL 32533**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and firm, if applicable (NOTE: Registered Agent signature required when retaining) **DATE** _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SHAW, ROBERTA R R.N.
STREET ADDRESS	1211 W. 9 1/2 MILE RD.
CITY- ST- ZIP	CANTONMENT, FL 32533
TITLE	V
NAME	SHAW, JAY F
STREET ADDRESS	1211 W. 9 1/2 MILE RD.
CITY- ST- ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/28/04-80075-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert R Shaw President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____