

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT

1999 2000



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

10F2  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 2:17

DOCUMENT # P98000028507

Corporation Name  
MANAGEMENT CARE SYSTEMS, INC



DO NOT WRITE IN THIS SPACE

Place of Business Mailing Address  
FIRST AVENUE NORTH STE. 100 1751 FIRST AVENUE NORTH STE. 100  
PETERSBURG FL 33713 ST. PETERSBURG FL 33713

Principal Place of Business 2a. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country  
25 29 30

3. Date Incorporated or Qualified  
03/23/1998  
4. FEI Number  
59-3502085  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
NERI, ROBERT  
1751 FIRST AVENUE NORTH STE. 100  
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D NERI, ROBERT L 8021 23RD AVE. NORTH ST. PETERSBURG FL 33710	1.1 TITLE	P
2. NAME	D FEDERICO, JOSEPH J 1290 GULF BLVD. #201 CLEARWATER FL 33767	1.2 NAME	
3. NAME	P RANGE, PATRICK 5757 NORTHWEST 17TH AVE. MIAMI FL 33142	1.3 STREET ADDRESS	
4. NAME	V HARRISON, ALICE 1891 WILLMINGTON ST. MIAMI FL 33054	1.4 CITY-ST-ZIP	
5. NAME	S WILLIAMS, WILLIE F 1320 N.W. LITTLE RIVER DR. MIAMI FL 33147	2.1 TITLE	
6. NAME		2.2 NAME	300003256153-9
7. NAME		2.3 STREET ADDRESS	-05/17/00-01082-002
8. NAME		2.4 CITY-ST-ZIP	****150.00 ****150.00
9. NAME		3.1 TITLE	
10. NAME		3.2 NAME	
11. NAME		3.3 STREET ADDRESS	
12. NAME		3.4 CITY-ST-ZIP	
13. NAME		4.1 TITLE	
14. NAME		4.2 NAME	
15. NAME		4.3 STREET ADDRESS	
16. NAME		4.4 CITY-ST-ZIP	
17. NAME		5.1 TITLE	
18. NAME		5.2 NAME	
19. NAME		5.3 STREET ADDRESS	
20. NAME		5.4 CITY-ST-ZIP	
21. NAME		6.1 TITLE	
22. NAME		6.2 NAME	
23. NAME		6.3 STREET ADDRESS	
24. NAME		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Robert S. Neri  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
2-19-99 727-894-4545  
Date Daytime Phone #

2042

**MANAGEMENT CARE SYSTEMS, INC.**

1751 First Avenue North, Suite 100  
St. Petersburg, Florida 33713  
Tel: (727) 894-4545 Fax: (727) 894-4055

May 1, 2000

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Gentlemen:

I did not receive 2000 Profit Corporation Annual Report Packet. When I called your office today, I was instructed to sign the 1999 forms (if there were no changes) and return form with my check.

Thank you.

Sincerely,

MANAGEMENT CARE SYSTEMS INC.



ROBERT L. NERI  
President

RLN/brh

Enclosures