


FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90005 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000072278

1. Corporation Name
MANAGED CARE KNOWLEDGE & INFORMATION EDUCATORS, INC.

Principal Place of Business 5313 JOHNS ROAD #201 TAMPA FL 33634	Mailing Address 5313 JOHNS ROAD #201 TAMPA FL 33634
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1998	
21		26		4. FEI Number 59-3533717	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent SIMON, JODY 5313 JOHNS ROAD #201 TAMPA FL 33634				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, PERRY	1.2 NAME	
STREET ADDRESS	5313 JOHNS ROAD #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAX, MICHAEL J	2.2 NAME	
STREET ADDRESS	5313 JOHNS ROAD #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARWOOD, PATTY	3.2 NAME	
STREET ADDRESS	5313 JOHNS ROAD #201	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDMAN, ROB	4.2 NAME	
STREET ADDRESS	5313 JOHNS ROAD #201	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEATING, ED	5.2 NAME	
STREET ADDRESS	5313 JOHNS ROAD #201	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, ALLAN	6.2 NAME	
STREET ADDRESS	5313 JOHNS ROAD #201	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	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, with all other like empowered.

SIGNATURE: [Signature] **RE REQUIRED** 8/15/99 813-261-0062
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP25024 (11/98)