## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000102990

City-St-Zip:

NARANJA, FL 33032

Entity Name: MANAGED HEALTH CARE, INC

FILED May 10, 2004 Secretary of State

	1417 (147 (0)	ED FIER CETT OF CICE, IIVO.			
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
27501 SOUTH DIXIE HIGHWAY SUITE 300 NARANJA, FL 33032					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 300	UTH DIXIE HIG ) x, FL 33032	GHWAY			
FEI Number	: 65-0258253	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
27501 SOI SUITE 300	N, JAMES A UTH DIXIE HIG ) A, FL 33032	GHWAY			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution (  ).	ot receive the prior notice.		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	BRENNAN, JÀI	) Delete MES A DIXIE HIGHWAY SUITE 300	Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. BRENNAN D 05/10/2004