

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000102990

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** MANAGED HEALTH CARE, INC.

**Current Principal Place of Business:**

27501 SOUTH DIXIE HIGHWAY  
SUITE 300  
NARANJA, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

10934 SW 156 TERR  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 65-0258253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRENNAN, JAMES A III  
10934 SW 156 TERR  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BRENNAN, JAMES A III  
Address: 27501 SOUTH DIXIE HIGHWAY SUITE 300  
City-St-Zip: NARANJA, FL 33032

I hereby 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 all other like empowered.

SIGNATURE: JAMES A BRENNAN III

AGEN

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date