

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90004 018 ***550.00

0067672 - AN

DOCUMENT # P99000109031

1. Entity Name
MANAGED CARE SOLUTIONS, INC.

Principal Place of Business
8201 PETERS ROAD
SUITE 1000
PLANTATION FL 33324

Mailing Address
8201 PETERS ROAD
SUITE 1000
PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4600 Sheridan Street

3. Mailing Address
Same

Suite, Apt. #, etc.
4th Floor

Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State

4. FEI Number
65-0965678

Applied For
 Not Applicable

Zip
33021

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATCHISON, KARA
13889 S.W. 41 STREET
DAVIE FL 33330

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
ATCHISON, KARA
19233 S.W. 4TH ST.
PEMBROKE PINES FL 33029

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CEO

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
BERRY, RAY T.
2107 NORTH 14 AVENUE
HOLLYWOOD, FL 33020

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/01

954-322-6422

CR2E034 (5/01)