

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109031

FILED
Jan 21, 2008
Secretary of State

Entity Name: MANAGED CARE SOLUTIONS, INC.

Current Principal Place of Business:

4651 SHERIDAN STREET
SUITE 200
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4651 SHERIDAN STREET
SUITE 200
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0965678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CM () Delete
Name: ATCHISON, KARA
Address: 13889 SW 41 STREET
City-St-Zip: DAVIE, FL 33330

Title: PD () Delete
Name: ATCHISON, KEITH
Address: 3001 S OCEAN DR APT 16X
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KARA ATCHISON

CEO

01/21/2008

Electronic Signature of Signing Officer or Director

Date