2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109031

HOLLYWOOD, FL 33019

City-St-Zip:

Entity Name: MANAGED CARE SOLUTIONS, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4651SHERIDAN STREET SUITE 200				4601SHERIDAN STREET SUITE 100			
HOLLYWOOD, FL 33021				HOLLYWOOD, FL 33021			
Current Mailing Address:				New Mailing Address:			
4651 SHERIDAN STREET				4601SHERIDAN STREET			
SUITE 200 HOLLYWO) DOD, FL 3302	21		SUITE 100 HOLLYWOOD, FL 33021			
FEI Number:	: 65-0965678	FEI Number Applied For ()	FEI Number N	ot Applicable ()	Certificate of S	Status Desired (X)	
Name and	Address of	Current Registered Agent:	Nam	Name and Address of New Registered Agent:			
DAVIE, FL The above	/. 41 STREET 33330 US		e purpose of chai	nging its registe	red office or registe	ered agent, or both,	
SIGNATU	RE:						
	Electro	onic Signature of Registered A	gent		Date		
Election Car	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CM (ATCHISON, K 13889 SW 41 DAVIE, FL 33	STREET	Title: Name Addre City-S	ss:	() Change () Add	ition	
Title: Name: Address:	ATCHISON, K)Delete EITH N DR APT 16X	Title: Name Addre		(X) Change ()Add N, KEITH FLIA ISLAND LANE	lition	

City-St-Zip: DAVIE, FL 33328

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 04/14/2009