

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109031

FILED
Jul 01, 2011
Secretary of State

Entity Name: MANAGED CARE SOLUTIONS, INC.

Current Principal Place of Business:

4601 SHERIDAN STREET
SUITE 100
HOLLYWOOD, FL 33021

New Principal Place of Business:

4601 SHERIDAN STREET
SUITE 100
HOLLYWOOD, FL 33021

Current Mailing Address:

4601 SHERIDAN STREET
SUITE 100
HOLLYWOOD, FL 33021

New Mailing Address:

4601 SHERIDAN STREET
SUITE 100
HOLLYWOOD, FL 33021

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

OFFICERS AND DIRECTORS:

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

Title: PD
Name: ATCHISON, KEITH
Address: 3627 AMELIA ISLAND LANE
City-St-Zip: DAVIE, FL 33328

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: KARA ATCHISON

CM

07/01/2011

Electronic Signature of Signing Officer or Director

Date