

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S50584

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** MANAGED CARE OF NORTH AMERICA, INC.

**Current Principal Place of Business:**

3230 W COMMERCIAL BLVD  
SUITE 190  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

200 WEST CYPRESS CREEK ROAD  
SUITE 500  
FORT LAUDERDALE, FL 33309 US

**Current Mailing Address:**

3230 W COMMERCIAL BLVD  
SUITE 190  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

200 WEST CYPRESS CREEK ROAD  
SUITE 500  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 65-0303864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEFFREY, FEINGOLD  
3230 WEST COMMERCIAL BLVD  
SUITE 190  
FORT LAUDERDALE, FL 33309 US

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

JEFFREY, FEINGOLD  
200 WEST CYPRESS CREEK ROAD  
SUITE 500  
FORT LAUDERDALE, FL 33309 US

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: JEFFREY FEINGOLD

02/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: FEINGOLD, JEFFREY P  
Address: 200 WEST CYPRESS CREEK ROAD SUITE 500  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: COO  
Name: FEINGOLD, GLEN  
Address: 200 WEST CYPRESS CREEK ROAD SUITE 500  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

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: GLEN FEINGOLD

COO

02/15/2011

Electronic Signature of Signing Officer or Director

Date