

CONTACT:

OFFICE USE ONLY (Document #)

552376

UCC FILING & SEARCH SERVICES, INC.

(Requestor's Name)

526 EAST PARK AVENUE

(Address)

TALLAHASSEE FL 32301

(904) 681-6528

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

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-06/26/97--01036--016

\*\*\*\*\*35.00 \*\*\*\*\*35.00

1 Managed Care Associates + Inc.

(Corporation Name)

(Document #)

2 \_\_\_\_\_

(Corporation Name)

(Document #)

3 \_\_\_\_\_

(Corporation Name)

4 \_\_\_\_\_

(Corporation Name)

(Document #)

☒ Walk In

☐ Mail Out

☐ Will Wait

☐ Photocopy

☐ Pick Up Time

☐ Certified Copy

☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R A, Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**RUSH**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

97 JUN 26 PM 2:34

FILED

6/26

*R.A. Change*

**HOLD FOR  
PICKUP BY  
UCC SERVICES**

Examiner's Initials

CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT  
OF  
MANAGED CARE ASSOCIATES, INC.

FILED  
97 JUN 26 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Managed Care Associates, Inc., hereby submits to the Department of State, State of Florida, the following change of registered office and its registered agent in accordance with Florida Statute §607.0502:

1. The name of the corporation is Managed Care Associates, Inc. The date of incorporation was May 13, 1991, evidenced by document number S52376.
2. The street address of the present registered office is 13550 North 31 Street, Suite 121, Tampa, Florida 33613.
3. The street address to which the registered office is to be changed is Williams Reed Weinstein Schifino & Mangione, P.A., One Tampa City Center, Suite 2600, Tampa, Florida 33601.
4. The name of the corporation's present registered agent is Daniel E. Frazier, M.D.
5. The name of the corporation's successor registered agent is William J. Schifino, Jr.
6. The street address of the corporation's registered office and the street address of the business office of this corporation's registered agent, as changed, will be identical.
7. The change of registered office and registered agent was authorized by Resolution duly adopted by the corporation's Board of Directors.

Dated and Effective: June 20, 1997.

Cheryl Hunt

Cheryl Hunt

Title: Vice President/Corp. Secretary

ACKNOWLEDGMENT:

HAVING BEEN NAMED registered agent and to accept service of process for the above-named corporation at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of the all statutes relative to the proper and complete performance of my duties and accept the obligation of my position as registered agent.

William J. Schifino, Jr.

Date: 06/23/97