

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S61222** (3)

1. Corporation Name
MANAGED HEALTH CARE, INC.

Principal Place of Business Mailing Address
26845 SOUTH DIXIE HIGHWAY MIAMI FL 33032

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/17/1991	3a. Date of Last Report 06/10/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 27501 South Dixie Highway Suite, Apt. #, etc. 22 Suite 300 City & State 23 Miami, FL Zip 24 33032 Country 25 USA	2a. Mailing Address 26 27501 South Dixie Highway Suite, Apt. #, etc. 27 Suite 300 City & State 28 Miami, FL Zip 29 33032 Country 30 USA
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9. Name and Address of Current Registered Agent BRENNAN, JAMES A III 26845 SOUTH DIXIE HIGHWAY MIAMI FL 33032	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 27501 South Dixie Highway 83 Miami Suite 300 84 Miami FL 85 Zip Code 33032
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the effect of Section 607.0505, Florida Statutes.

SIGNATURE: *X James A. Brennan* Date: **2/17/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
1. Title DP	2. NAME BRENNAN, JAMES A. III	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. Street Address 26845 S. DIXIE HWY	4. CITY-ST-ZIP HOMESTEAD FL	1.2 NAME	
5. Title ST	6. NAME BRENNAN, JAMES A III	1.3 STREET ADDRESS 27501 South Dixie Highway	
7. Street Address 26845 S. DIXIE HWY	8. CITY-ST-ZIP HOMESTEAD FL	1.4 CITY-ST-ZIP MIAMI, FL. 33032	
9. Title	9.1 TITLE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	10.2 NAME	2.2 NAME	
11. Street Address	11.3 STREET ADDRESS 27501 South Dixie Highway	2.3 STREET ADDRESS	
12. CITY-ST-ZIP	12.4 CITY-ST-ZIP MIAMI, FL. 33032	2.4 CITY-ST-ZIP	
13. Title	13.1 TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	14.2 NAME	3.2 NAME	
15. Street Address	15.3 STREET ADDRESS	3.3 STREET ADDRESS	
16. CITY-ST-ZIP	16.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
17. Title	17.1 TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	18.2 NAME	4.2 NAME	
19. Street Address	19.3 STREET ADDRESS	4.3 STREET ADDRESS	
20. CITY-ST-ZIP	20.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
21. Title	21.1 TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	22.2 NAME	5.2 NAME	
23. Street Address	23.3 STREET ADDRESS	5.3 STREET ADDRESS	
24. CITY-ST-ZIP	24.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
25. Title	25.1 TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	26.2 NAME	6.2 NAME	
27. Street Address	27.3 STREET ADDRESS	6.3 STREET ADDRESS	
28. CITY-ST-ZIP	28.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I hereby certify that the information provided in this filing is true and correct and that I am not acting for the corporation stated in Sections 119.071(a), Florida Statutes. I further certify that the information and subject on this annual report or supplemental annual report is true and accurate and that my resignation shall have the same legal effect as if my resignation had been filed by the officer or director of the corporation in the name of the officer or director of the corporation as required by Chapter 107, Florida Statutes, and that my resignation is not subject to a claim of change of control or an affidavit with an affidavit.

SIGNATURE: *X James A. Brennan* Date: **2/17/95** 305-246-1778