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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S81160 (1)

1. Corporation Name

RISCORP MANAGED CARE SERVICES, INC.

Principal Place of Business

1390 MAIN STREET
SARASOTA FL 34236
US

Mailing Address

1390 MAIN STREET
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1991

4. FEI Number

65-0487136

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 One Sarasota Tower
2 North Tamiami Trail

Suite, Apt. #, etc.

22 Suite 608

City & State

23 Sarasota FL

Zip

24 34236

Country

25 USA

2a. Mailing Address One Sarasota Tower

26 2 North Tamiami Trail

Suite, Apt. #, etc.

27 Suite 608

City & State

28 Sarasota FL

Zip

29 34236

Country

30 USA

9. Name and Address of Current Registered Agent

VAUGHAN-BIRCH, L. NORMAN
720 S. ORANGE AVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 or 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCCO ☒ DELETE

NAME GRIFFIN, WILLIAM D.

STREET ADDRESS 1390 MAIN STREET

CITY-ST-ZIP SARASOTA FL

TITLE DVP ☒ DELETE

NAME HALLOY, RICHARD A

STREET ADDRESS 1390 MAIN STREET

CITY-ST-ZIP SARASOTA FL 34236

TITLE DPCO ☒ DELETE

NAME MALONE, JAMES A

STREET ADDRESS 1390 MAIN STREET

CITY-ST-ZIP SARASOTA FL

TITLE S ☒ DELETE

NAME MARKS, GREGORY M.

STREET ADDRESS 1390 MAIN ST.

CITY-ST-ZIP SARASOTA FL

TITLE T ☒ DELETE

NAME MERRITT, L. SCOTT

STREET ADDRESS 1390 MAIN ST

CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P D ☐ Change ☒ Addition

1.2 NAME Frederick M. Dawson

1.3 STREET ADDRESS 2 North Tamiami Trail Suite 608

1.4 CITY-ST-ZIP Sarasota FL 34236

2.1 TITLE S T ☐ Change ☒ Addition

2.2 NAME Walter E. Riehemann

2.3 STREET ADDRESS 2 North Tamiami Trail Suite 608

2.4 CITY-ST-ZIP Sarasota FL 34236

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME George E. Greene III

3.3 STREET ADDRESS 2 North Tamiami Trail Suite 608

3.4 CITY-ST-ZIP Sarasota FL 34236

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Walter L. Revelle

4.3 STREET ADDRESS 2 North Tamiami Trail Suite 608

4.4 CITY-ST-ZIP Sarasota FL 34236

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Seddon Goode Jr

5.3 STREET ADDRESS 2 North Tamiami Trail Suite 608

5.4 CITY-ST-ZIP Sarasota FL 34236

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with addresses.

SIGNATURE

CP2E034 (10/97)