

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # S81160**1. Entity Name
RISCORP MANAGED CARE SERVICES, INC.

Principal Place of Business

ONE SARASOTA TOWER
2 N TAMiami TRL, STE 608
SARASOTA
34236

FL

US

Mailing Address

ONE SARASOTA TOWER
2 N TAMiami TRL, STE 608QQ
SARASOTA
34236

FL

US

2. Principal Place of Business

1924 SOUTH OSPREY AVENUE

3. Mailing Address

1924 SOUTH OSPREY AVENUE

Suite, Apt. #, etc.

SUITE 202

Suite, Apt. #, etc.

SUITE 202

City & State

SARASOTA

FL

City & State

SARASOTA

FL

Zip

34239

Country

US

Zip

34239

Country

US

4. FEI Number

65-0487136

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VAUGHAN-BIRCH L. NORMAN
720 S. ORANGE AVE

SARASOTA

FL

34236

US

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

04/26/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE S ☒ Delete
NAME BUTTNER EDWARD WIV
STREET ADDRESS 2 N TAMiami TRAIL SUITE 608
CITY-ST-ZIP SARASOTA FL 34256TITLE D ☒ Delete
NAME GOODE SEDDON J
STREET ADDRESS 2 N TAMiami TRL, STE 608
CITY-ST-ZIP SARASOTA FL 34236TITLE D ☒ Delete
NAME REVELL WALTER L
STREET ADDRESS 2 N TAMiami TRL, STE 608
CITY-ST-ZIP SARASOTA FL 34236TITLE D ☐ Delete
NAME GREENE GEORGE EMM
STREET ADDRESS 2 N TAMiami TRL, STE 608
CITY-ST-ZIP SARASOTA FL 34236TITLE PT ☐ Delete
NAME RIEHEMANN WALTER E
STREET ADDRESS 2 N TAMiami TRL, STE 608
CITY-ST-ZIP SARASOTA FL 34236TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VPST ☒ Change ☐ Addition
NAME MCCURDY JEFFREY R
STREET ADDRESS 1924 SOUTH OSPREY AVENUE, SUITE 202
CITY-ST-ZIP SARASOTA FL 34239TITLE DP ☒ Change ☐ Addition
NAME GRIFFIN WILLIAM D
STREET ADDRESS 1924 SOUTH OSPREY AVENUE, SUITE 202
CITY-ST-ZIP SARASOTA FL 34239TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey R. McCurdy

VPST

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)