

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # S81160
1. Entity Name
RISCORP MANAGED CARE SERVICES, INC.



Principal Place of Business
1924 SOUTH OSPREY AVENUE
SUITE 202
SARASOTA, FL 34239 US

Mailing Address
P.O. BOX 1329
SARASOTA, FL 34230 US

DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0487136 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VAUGHAN-BIRCH, L. NORMAN
720 S. ORANGE AVE
SARASOTA, FL 34236

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

100000154267

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFIN, WILLIAM D 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SALSER, RANDAL D 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/04/04-80160-020 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Randy Sol Randy Salsere 4-29-04 941-316-6827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #