

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

MANAGED CARE PROGRAMS OF FLORIDA, INC.

1995



MANAGED CARE PROGRAMS OF FLORIDA, INC.

APPROVED
AND
FILED

95 MAY -1 PM 11:17

DOCUMENT # V10696

(5)

MANAGED CARE PROGRAMS OF FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Applicant 5614 QUEENER AVENUE PORT RICHEY FL 34668 US		2a. Mailed Address P.O. BOX 485 N/A 5614 QUEENER AVENUE PORT RICHEY FL 34673 US		3. Date of Application 01/31/1992		3a. Date of Last Request 05/23/1994	
2. Name of Applicant 5147 Commercial Way		2b. Mailed Address P.O. Box 5808		4. License Number 59-3104619		5. Amount of Fee \$8.75 Additional Fee Required	
22. Name of Applicant Spring Hill, FL		27. Name of Applicant Spring Hill, FL		6. Fee for License \$5.00 May Be Added to Fees		7. Fee for License \$5.00 May Be Added to Fees	
24. 34606		25. USA		29. 34606		30. USA	
9. Name and Address of Current Registered Agent BENSON, DALTON M. P.O. BOX 485 N/A 5614 QUEENER AVENUE PORT RICHEY FL 34673				10. Name and Address of New Registered Agent Benson, Dalton M. 6130 Waters Way Spring Hill FL 34606			
11. I, the undersigned, do hereby certify that the information furnished on this application is true and correct, and that I am a resident of the State of Florida, and that I am the owner of the business for which I am applying for a license.				12. I, the undersigned, do hereby certify that the information furnished on this application is true and correct, and that I am a resident of the State of Florida, and that I am the owner of the business for which I am applying for a license.			
13. I, the undersigned, do hereby certify that the information furnished on this application is true and correct, and that I am a resident of the State of Florida, and that I am the owner of the business for which I am applying for a license.				14. I, the undersigned, do hereby certify that the information furnished on this application is true and correct, and that I am a resident of the State of Florida, and that I am the owner of the business for which I am applying for a license.			

SIGNATURE:

Dalton M. Benson

4/28/95

(904) 596-6555