No. **C 210499**	**Due no later than Jul 31, 2017** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** MANAGED CARE OF NORTH AMERICA, INC. CARLOS LACASA 200 W CYPRESS CREEK STE 500 FORT LAUDERDALE FL 33309	JASON S RISCH 407 W JEFFERSON ST BOISE ID 83702 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	CARLOS LACASA	200 W CYPRESS CREEK STE 500	FORT LAUDERDALE	FL		33309

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
FL **C 210499**	Signature: Jason S. Risch	Date: 08/17/2017
	Name (type or print): Jason S. Risch	Title: Registered Agent

Processed 08/17/2017

* Electronically provided signatures are accepted as original signatures.