

No. C 210499		Due no later than Jul 31, 2018		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		Annual Report Form 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. <u>New</u> 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
DIRECTOR	GLEN FEINGOLD	200 WEST CYPRESS CREEK ROAD SUITE 500	FORT LAUDERDALE	FL	USA	33309
DIRECTOR	SAM HAMMER	200 WEST CYPRESS CREEK ROAD SUITE 500	FORT LAUDERDALE	FL	USA	33309
DIRECTOR	JACK GREENMAN	200 WEST CYPRESS CREEK ROAD SUITE 500	FORT LAUDERDALE	FL	USA	33309
DIRECTOR	GARY CLARKE	200 WEST CYPRESS CREEK ROAD SUITE 500	FORT LAUDERDALE	FL	USA	33309
TREASURER	EDWARD STRONGIN	200 WEST CYPRESS CREEK ROAD SUITE 500	FORT LAUDERDALE	FL	USA	33309
PRESIDENT	JEFFREY FEINGOLD	200 WEST CYPRESS CREEK ROAD SUITE 500	FORT LAUDERDALE	FL	USA	33309
SECRETARY	CARLOS LACASA	200 W CYPRESS CREEK STE 500	FORT LAUDERDALE	FL		33309
5. Organized Under the Laws of: FL C 210499		6. Annual Report must be signed.* Signature: CARLOS LACASA Name (type or print): CARLOS LACASA Date: 05/22/2018 Title: SECRETARY				
Processed 05/22/2018		* Electronically provided signatures are accepted as original signatures.				