

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mertham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **858019** (3)

1. Corporation Name  
**HEALTH PLANS, INC.**



Principal Place of Business: **100 FRONT ST. P.O. BOX 15100 WORCESTER MA 01615-0100 US**  
Mailing Address: **100 FRONT ST. P.O. BOX 15100 WORCESTER MA 01615-0100 US**

2. Principal Place of Business: 21 Subj. Apt. #, etc. 22 City & State 23 Zip Country 25  
2a. Mailing Address: 26 Subj. Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **10/06/1983** 3a. Date of Last Report: **02/27/1995**  
4. FEI Number: **04-2734278** Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUKE, DON (RHU)  
3816 LINBAUGH AVENUE  
TAMPA FL 33624**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0504, Florida Statutes.

SIGNATURE

Signature of person who is authorized to file this report

Date Registered Agent signature is filed when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <b>BREIDENBACH, WILLIAM R.</b> 100 FRONT STREET WORCESTER MA	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C <b>POJANI, DENNIS</b> 1 BAY PATH DR BOYLSTON MA	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D <b>SEIDMAN, JOEL (DR.)</b> 89 W. MAIN ST. WESTBORO MA	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP	D <b>STOWE, HAROLD</b> 8211 FOREST LAKE DR CONWAY SC	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <b>FISHER, MICHAEL</b> 219 PEACEABLE HILL RD. RIDGEFIELD CT	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY, STATE, ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

\*\*\*See attached.\*\*\*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (I, or or an other agent) with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

(508)752-2480

CR2E034 (12/95)

**ATTACHMENT**

**13. Additions/Changes to Officers and Directors:**

Additions:

D  
Charles Jackson  
2873 Etienne Way  
Sandy, UT 84093

D  
Carl Boe  
172 Revolutionary Road  
Scarborough, NY 10510