

**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

Mailing Address

100 FRONT ST.  
P.O. BOX 15100  
WORCESTER MA 01615-0100  
US

100 FRONT ST.  
P.O. BOX 15100  
WORCESTER MA 01615-0100  
US

2. Principal Place of Business

2a. Mailing Address

21. Subst. Apt. #, etc.

26. Subst. Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

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

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 signed when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	PT	<input type="checkbox"/> DELETE
12.2 NAME	BREIDENBACH, WILLIAM R.	
12.3 STREET ADDRESS	100 FRONT STREET	
12.4 CITY-STATE-ZIP	WORCESTER MA	
12.5 TITLE	C	<input type="checkbox"/> DELETE
12.6 NAME	POJANI, DENNIS	
12.7 STREET ADDRESS	1 BAY PATH DR	
12.8 CITY-STATE-ZIP	BOYLSTON MA	
12.9 TITLE	D	<input type="checkbox"/> DELETE
12.10 NAME	SEIDMAN, JOEL (DR.)	
12.11 STREET ADDRESS	89 W. MAIN ST.	
12.12 CITY-STATE-ZIP	WESTBORO MA	
12.13 TITLE	D	<input type="checkbox"/> DELETE
12.14 NAME	STOWE, HAROLD	
12.15 STREET ADDRESS	8211 FOREST LAKE DR	
12.16 CITY-STATE-ZIP	CONWAY SC	
12.17 TITLE	D	<input type="checkbox"/> DELETE
12.18 NAME	FISHER, MICHAEL	
12.19 STREET ADDRESS	219 PEACEABLE HILL RD.	
12.20 CITY-STATE-ZIP	RIDGEFIELD CT	
12.21 TITLE		<input type="checkbox"/> DELETE
12.22 NAME		
12.23 STREET ADDRESS		
12.24 CITY-STATE-ZIP		

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	

\*\*\*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

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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