

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 31 1997 8:00am**  
**Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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**

3. Date Incorporated or Qualified: **10/06/1983**  
 3a. Date of Last Report: **02/22/1996**  
 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

2. Principal Place of Business: 21  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24  
 Country: 25  
 2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29  
 Country: 30

**9. Name and Address of Current Registered Agent**  
**LUKE, DON (RHU)**  
**3816 LINBAUGH AVENUE**  
**TAMPA FL 33624**

**10. Name and Address of New Registered Agent**  
 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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PT	<input type="checkbox"/> DELETE
NAME	BREIDENBACH, WILLIAM R.	
STREET ADDRESS	100 FRONT STREET	
CITY - ST - ZIP	WORCESTER MA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	POJANI, DENNIS	
STREET ADDRESS	1 BAY PATH DR	
CITY - ST - ZIP	BOYLSTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEIDMAN, JOEL (DR.)	
STREET ADDRESS	89 W. MAIN ST.	
CITY - ST - ZIP	WESTBORO MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOWE, HAROLD	
STREET ADDRESS	8211 FOREST LAKE DR	
CITY - ST - ZIP	CONWAY SC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, MICHAEL	
STREET ADDRESS	219 PEACEABLE HILL RD.	
CITY - ST - ZIP	RIDGEFIELD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Boe, Carl	
1.3 STREET ADDRESS	172 Revolutionary Rd.	
1.4 CITY - ST - ZIP	Scarborough, NY 10510	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jackson, Charles	
2.3 STREET ADDRESS	2873 Etienne Way	
2.4 CITY - ST - ZIP	Sandy, UT 84093	
3.1 TITLE	Assistant Clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Recore, Joan	
3.3 STREET ADDRESS	33 Trowbridge Circuit	
3.4 CITY - ST - ZIP	Worcester, MA 01603	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Joan Recore* **Asst. Clerk** **3/15/97 (508) 752-2480**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)