

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

**FILED**  
**Jun 18, 1999 8:00 am**  
**Secretary of State**

06-18-1999 90012 003 \*\*\*550.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000000883**

1. Corporation Name  
**THE PRINCIPAL/AMERICA'S HEALTH PLAN, INC.**



Principal Place of Business  
 2275 RESEARCH BLVD.  
 6TH FLOOR  
 ROCKVILLE MD 20850  
 US

Mailing Address  
 2275 RESEARCH BLVD.  
 6TH FLOOR  
 ROCKVILLE MD 20850  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date incorporated or Qualified  
**02/22/1994**

4. FEI Number  
**52-1806976**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIRVERA, EDWARD S	1.2 NAME	
STREET ADDRESS	2275 RESEARCH BLVD. 6TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20850	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARADIMAS, SPIRO	2.2 NAME	
STREET ADDRESS	2275 RESEARCH BLVD. 6TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20850	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNO, S. JOSEPH	3.2 NAME	
STREET ADDRESS	2275 RESEARCH BLVD. 6TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20850	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH M. MOTT, ESQ.	4.2 NAME	
STREET ADDRESS	2275 RESEARCH BLVD. 6TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20850	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, THOMAS	5.2 NAME	
STREET ADDRESS	2275 RESEARCH BLVD. 6TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20850	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Joseph M. Mott* **SECRETARY** 4-29-99 301-548-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)