

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000883

1. Entity Name

THE PRINCIPAL/AMERICA'S HEALTH PLAN, INC.

FILED

00 JAN 19 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2275 RESEARCH BLVD. 6TH FLOOR ROCKVILLE MD 20850 US	Mailing Address 2275 RESEARCH BLVD. 6TH FLOOR ROCKVILLE MD 20850-6202 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>52-1806976</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: P NAME: CIRVERA, EDWARD S STREET ADDRESS: 2275 RESEARCH BLVD. 6TH FLOOR CITY-ST-ZIP: ROCKVILLE MD 20850	<input type="checkbox"/> Delete
TITLE: VP NAME: KARADIMAS, SPIRO STREET ADDRESS: 2275 RESEARCH BLVD. 6TH FLOOR CITY-ST-ZIP: ROCKVILLE MD 20850	<input type="checkbox"/> Delete
TITLE: T NAME: BRUNO, S. JOSEPH STREET ADDRESS: 2275 RESEARCH BLVD. 6TH FLOOR CITY-ST-ZIP: ROCKVILLE MD 20850	<input type="checkbox"/> Delete
TITLE: S NAME: JOSEPH M. MOTT, ESQ. STREET ADDRESS: 2275 RESEARCH BLVD. 6TH FLOOR CITY-ST-ZIP: ROCKVILLE MD 20850	<input type="checkbox"/> Delete
TITLE: D NAME: BLAIR, THOMAS STREET ADDRESS: 2275 RESEARCH BLVD. 6TH FLOOR CITY-ST-ZIP: ROCKVILLE MD 20850	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <del>Director</del> Director NAME: Edward S. Civera STREET ADDRESS: 2275 Research Blvd., 6th Floor CITY-ST-ZIP: Rockville, MD 20850	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
000003114500--6 -01/28/00--01055--010 ****150.00 ****150.00	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other ~~the~~ empowered.

SIGNATURE: Joseph M. Mott **REQUIRED** Secretary Date: 1-11-00 Daytime Phone #: 301-548-1000