

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 24, 2001 08:00 AM
Secretary of State

DOCUMENT # F94000000883

1. Entity 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
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2. Principal Place of Business 2273 RESEARCH BLVD.	3. Mailing Address 2273 RESEARCH BLVD.
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Suite, Apt. #, etc. 4TH FLOOR	Suite, Apt. #, etc. 4TH FLOOR
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City & State ROCKVILLE MD	City & State ROCKVILLE MD
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Zip 20850	Country US	Zip 20850	Country US
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4. FEI Number
52-1806976

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL
 33324 US

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 _____ **08/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D CIRVERA EDWARD S 2275 RESEARCH BLVD. 6TH FLOOR ROCKVILLE MD 20850 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOSEPH M. MOTT, ESQ. 2275 RESEARCH BLVD. 6TH FLOOR ROCKVILLE MD 20850 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUNO S. JOSEPH 2275 RESEARCH BLVD. 6TH FLOOR ROCKVILLE MD 20850 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KARADIMAS SPIRO 2275 RESEARCH BLVD. 6TH FLOOR ROCKVILLE MD 20850 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIRVERA EDWARD S 2275 RESEARCH BLVD. 6TH FLOOR ROCKVILLE MD 20850 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEITEL DAVID MESQ 2273 RESEARCH BLVD. 4TH FLOOR ROCKVILLE MD 20850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOTT JOSEPH MESQ 2273 RESEARCH BLVD. 4TH FLOOR ROCKVILLE MD 20850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REDMOND ELIZABETH 2273 RESEARCH BLVD. 4TH FLOOR ROCKVILLE MD 20850 <input checked="" 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	P KARADIMAS SPIRO 2273 RESEARCH BLVD. 4TH FLOOR ROCKVILLE MD 20850 <input checked="" 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)(i), 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 like empowered.

SIGNATURE: JOSEPH MOTT **S** **08/24/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)