

F9500003260

1201 PAYS STREET
TALLAHASSEE, FL 32301

800-342-8086

RECEIVED

95 JUL -6 AM 11:32



ACCOUNT NO: 072100000032
DIVISION OF CORPORATION

REFERENCE : 632882 069010

AUTHORIZATION :

Patricia Pizer

COST LIMIT : 970.00

ORDER DATE : July 6, 1995

ORDER TIME : 9:56 AM

ORDER NO. : 632882

CUSTOMER NO: 869010

900001530849

CUSTOMER: Ms. Ann Jones
Prentice Hall Legal &
1 Biscayne Tower
2 South Biscayne Blvd, #1810
Miami, FL 33131

W95-13589

FOREIGN FILINGS

NAME: AMERICAN MEDICAL PLANS, INC.

PROFIT
 NON-PROFIT

CORPORATE
 LIMITED PARTNERSHIP

QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

27

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95
JUL -7 AM 8:31

F9500003260



95 JUL -6 PM 3:00 FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATION

Sandra B. Mortham
Secretary of State

July 6, 1995

RUSH WILL WAIT

CSC NETWORKS
WALK-IN

Resubmit

SUBJECT: AMERICAN MEDICAL PLANS, INC.
Ref. Number: W95000013589

Push will wait

We have received your document(s) in this office, however, the document is being returned for the following:

You must provide an addresses for the officers and directors of the corporation. Please be sure to provide a photocopy of the corrected original if you would like it stamped and returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 495A00032719

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. American Medical Plans, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware 3. Applied for
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 29th, 1995 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Filing
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 12000 Biscayne Blvd., Suite 108
Miami, Florida 33181
(Current mailing address)

8. A holding company
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:
Name: The Prentice-Hall Corporation System, Inc.
Office Address: 1201 Hays Street, Suite 105
Tallahassee, Florida, 32301
(Zip Code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

The Prentice-Hall Corporation System, Inc.
By: Marcia A. Hawner 7-3-95
(Registered agent's signature) Assistant Secretary
Marcia A. Hawner,

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: SEE ATTACHED

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Alan Dorne Vice Chairman

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

ALAN DORNE VICE CHAIRPERSON

(Typed or printed name and capacity of person signing application)

Board of Directors

Alan Dorne - Vice Chairman
Robert N. Elkins, M.D. - Chairman
Eric Hanson
Earl Racine
Carolina G. Sierra, M.D.
Mark Tabak

Officers

Mark Tabak - President
Craig M. Dorne - Vice President
Vilma D. Quintana - Treasurer
Carolina G. Sierra, M.D. - Secretary

P:\DATA\W\PAMERICAN MED\CORP\DOCHOD LST

The Addresses for all the Officers and Directors listed above shall be: 1200 Biscayne Boulevard, Suite 108, Miami, Florida 33181.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -7 AM 8:34

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN MEDICAL PLANS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JUNE, A.D. 1995.

FILED
SECRETARY OF STATE
DIVISION OF RECORDS
95 JUL -7 AM 8:34



Edward J. Freel

Edward J. Freel, Secretary of State

7561495

AUTHENTICATION:

06-30-95

DATE:

2520388 8300

950148500

100 HAYS STREET
AL... FL 331
904 (2-019) S
H 0 0 - 2 1 2 - 7 1 6
F95000003260



ACCOUNT NO. : 072100000032
REFERENCE : 671388 86901Q
AUTHORIZATION : *Patricia Pyzik*
COST LIMIT : \$ 35.00

ORDER DATE : August 29, 1995

700001578747

ORDER TIME : 11:01 AM

ORDER NO. : 671388

CUSTOMER NO: 86901Q

CUSTOMER: Ms. Ann Jones
Prentice Hall Legal &
1 Biscayne Tower
2 South Biscayne Blvd, #1810
Miami, FL 33131

RECEIVED
95 AUG 30 PM 12:16
DIVISION OF CORPORATION

CHANGE OF AGENT

NAME: AMERICAN MEDICAL PLANS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Deborah Schroder

FILED
95 AUG 30 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

N. HENDRICKS AUG 30 1995

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: American Medical Plans, Inc.

1b. Date of Incorporation July 7, 1995 Document number F95000003260

2. The name and address of the current registered agent and office:

The Prentice Hall Corporation Systems
1201 Hays Street, Tallahassee, FL 32301

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Craig M. Dorne, P.A., One Southeast Third Avenue, Suite 2900
Miami, Florida 33131

95 AUG 30 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Signature of Craig M. Dorne
August 23, 1995
DATE

Craig M. Dorne, Vice President
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE (Registered Agent)
DATE August 23, 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 21 AM 11:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000003260

1. Corporation Name

AMERICAN MEDICAL PLANS, INC

Principal Place of Business

12000 DISCAYNE BLVD., STE 108
MIAMI FL 33181

Mailing Address

12000 DISCAYNE BLVD., STE 108
MIAMI FL 33181



REINSTATEMENT 9600

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
1 SE 3 Ave., #2900		1 SE 3 Ave., #2900	
Suite, Apt. #, etc 2900		Suite, Apt. #, etc 2900	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	07/07/1995
5. FEI Number	APPLIED FOR
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DC	DORNE, ALAN	12000 DISCAYNE BLVD., STE 108 1 SE 3 Ave., #2900	MIAMI FL 33181 Miami, FL 33131
DC	ELKINS, ROBERT N M.D.	12000 DISCAYNE BLVD., STE 108 1 SE 3 Ave., #2900	MIAMI FL 33181 Miami, FL 33131
D	HANSON, ERIC	12000 DISCAYNE BLVD., STE 108 1 SE 3 Ave., #2900	MIAMI FL 33181 Miami, FL 33131
D	RAGONE, EARL	12000 DISCAYNE BLVD., STE 108 1 SE 3 Ave., #2900	MIAMI FL 33181 Miami, FL 33131
D	SIERRA, CAROLINA G M.D.	12000 DISCAYNE BLVD., STE 108 1 SE 3 Ave., #2900	MIAMI FL 33181 Miami, FL 33131
D	TABAK, MARK	12000 DISCAYNE BLVD., STE 108 1 SE 3 Ave., #2900	MIAMI FL 33181 Miami, FL 33131

8. Name and Address of Current Registered Agent

CRAIG M. DORNE, P.A.
1 S.E. 3RD AVE.
SUITE 2900
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name	800002012808--0
Street Address (P.O. Box Number is Not Allowed)	--11/22/96--01090--012
Suite, Apt. #, Etc.	800002012808--0
City	--11/22/96--01090--011
State	***375.00
Zip Code	***375.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN Date _____

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____