FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 17 1997 8:00am
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F95000003260

1. Corporation Name
AMERICAN MEDICAL PLANS, INC.

Principal Place of Business	Mailing Address
One Southeast Third Avenue Suite 2900 Miami, Florida 33131	same as business address

3. Date Incorporated or Qualified: July 7, 1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 One Southeast Third Avenue	26 One Southeast Third Avenue
Suite, Apt. #, etc. 22 2900	Suite, Apt. #, etc. 27 2900
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip: 24 33131 Country: 25 USA	Zip: 29 33131 Country: 30 USA

4. FEI Number: 65-0592189 ☐ 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

9. Name and Address of Current Registered Agent

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

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	VP/D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Alan Dorne		12 NAME	800002214408--5
STREET ADDRESS	One Southeast Third Avenue, Suite 2900		13 STREET ADDRESS	-06/17/97--01003--029
CITY-ST-ZIP	Miami, Florida 33131		14 CITY-ST-ZIP	****558.75 ****558.75
TITLE	C	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Robert N. Elkins		22 NAME	
STREET ADDRESS	One Southeast Third Avenue, Suite 2900		23 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33131		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Eric Hanson		32 NAME	
STREET ADDRESS	One Southeast Third Avenue, Suite 2900		33 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33131		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Debora Guthrie		42 NAME	
STREET ADDRESS	One Southeast Third Avenue, Suite 2900		43 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33131		44 CITY-ST-ZIP	
TITLE	P/D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	Mark H. Tabak		52 NAME	
STREET ADDRESS	One Southeast Third Avenue, Suite 2900		53 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33131		54 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	Craig M. Dorne		62 NAME	
STREET ADDRESS	One Southeast Third Avenue, Suite 2900		63 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33131		64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the corporation named applied 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: _____ Craig M. Dorne, Vice President, June 4, 1997, 305/358-8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #