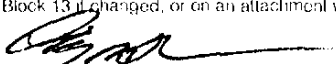


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 17 1997 8:00am
Secretary of State

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 One Southeast Third Avenue Suite 2900 Miami, Florida 33131			Mailing Address same as business address		
2. Principal Place of Business 21 One Southeast Third Avenue Suite, Apt. #, etc. 22 2900 City & State 23 Miami, Florida Zip 24 33131		2a. Mailing Address 26 One Southeast Third Avenue Suite, Apt. #, etc. 27 2900 City & State 28 Miami, Florida Zip 29 33131		Country 25 USA 30 USA	
9. Name and Address of Current Registered Agent Craig M. Dome, 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 85 Zip Code FL					
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 fee, if applicable. (Note: Registered Agent signature required when resigning)					
12. OFFICERS AND DIRECTORS 11 TITLE ☐ DELETE NAME VP/D Alan Dome STREET ADDRESS One Southeast Third Avenue, Suite 2900 CITY-ST-ZIP Miami, Florida 33131 12 TITLE ☐ DELETE NAME C Robert N. Elkins STREET ADDRESS One Southeast Third Avenue, Suite 2900 CITY-ST-ZIP Miami, Florida 33131 13 TITLE ☐ DELETE NAME D Eric Hanson STREET ADDRESS One Southeast Third Avenue, Suite 2900 CITY-ST-ZIP Miami, Florida 33131 14 TITLE ☐ DELETE NAME D Debora Guthrie STREET ADDRESS One Southeast Third Avenue, Suite 2900 CITY-ST-ZIP Miami, Florida 33131 15 TITLE ☐ DELETE NAME P/D Mark H. Tabak STREET ADDRESS One Southeast Third Avenue, Suite 2900 CITY-ST-ZIP Miami, Florida 33131 16 TITLE ☐ DELETE NAME VP Craig M. Dome STREET ADDRESS One Southeast Third Avenue, Suite 2900 CITY-ST-ZIP Miami, Florida 33131					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE ☐ Change ☐ Addition NAME 800002214408--5 STREET ADDRESS -06/17/97--01003--029 CITY-ST-ZIP ****558.75 ****558.75 21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP					
14. I do hereby certify that the information provided in this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Craig M. Dome, Vice President, June 4, 1997, 305/358-8007					

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/96)