

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G55261** (3)

1. Corporation Name
MEDHEALTH OF FLORIDA, INC.

Principal Place of Business
**3401 WEST END AVENUE, SUITE 700
NASHVILLE TN 37203**

Mailing Address
**3401 WEST END AVENUE, SUITE 700
NASHVILLE TN 37203**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/23/1983** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 Zip 29 Country 30

4. FEI Number **59-2320784** 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. 194.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CCEO
NAME	BURKLOW, BRYAN
STREET ADDRESS	17300 NW 7TH AVENUE, SUITE 204
CITY - ST - ZIP	MIAMI FL
TITLE	P
NAME	CATLIN, DAVID
STREET ADDRESS	160 NW 170TH STREET
CITY - ST - ZIP	NORTH MIAMI BEACH FL
TITLE	EVP
NAME	MAXON, CHARLENE
STREET ADDRESS	160 NW 170TH STREET
CITY - ST - ZIP	NORTH MIAMI BEACH FL
TITLE	S
NAME	WILSON, BETTY
STREET ADDRESS	160 NW 170TH STREET
CITY - ST - ZIP	NORTH MIAMI BEACH FL
TITLE	VPAS
NAME	SOLTMAN, RONALD P.
STREET ADDRESS	3401 WEST END AVENUE, SUITE 700
CITY - ST - ZIP	NASHVILLE TN
TITLE	VPT
NAME	RONNIES, RUSSELL F.
STREET ADDRESS	3401 WEST END AVENUE, SUITE 700
CITY - ST - ZIP	NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Donald J. Amara	
2.3 STREET ADDRESS	3401 West End Ave Ste. 700	
2.4 CITY - ST - ZIP	Nashville, TN 37203	
3.1 TITLE	EVP/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Keith B. Pitts	
3.3 STREET ADDRESS	3401 West End Ave. Ste. 700	
3.4 CITY - ST - ZIP	Nashville, TN 37203	
4.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Karen H. Abbott	
4.3 STREET ADDRESS	3401 West End Ave. Ste. 700	
4.4 CITY - ST - ZIP	Nashville, TN 37203	
5.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Karen H. Abbott **Karen H. Abbott 4/20/95 615-383-8599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR