FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:36

DOCUMENT # **H06472** **(5)**

1. Corporation Name
AETNA HEALTH PLANS OF FLORIDA, INC.

ACCTS PAYABLE MAR 24 1995

Principal Place of Business	Mailing Address
4890 W KENNEDY #545 TAMPA FL 33609	4890 W KENNEDY #545 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/04/1984	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2411584 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	CARADONNA, JOSEPH S., M.	1.2 NAME		
STREET ADDRESS	13801 BRUCE B. DOWNS BL	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE	DP	☑ Change ☐ Addition
NAME	SHALLEY, WILLIAM J	2.2 NAME	Giovdemenb, Jon	
STREET ADDRESS	4890 W KENNEDY #545	2.3 STREET ADDRESS	same	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	DVP	3.1 TITLE		☐ Change ☐ Addition
NAME	SINK, KATHLEEN	3.2 NAME		
STREET ADDRESS	1060 MAITLAND CENTER COMMONS #100	3.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DAILY, WILFRED J.	4.2 NAME		
STREET ADDRESS	3222 AZEELE ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	DT	5.1 TITLE	T	☑ Change ☐ Addition
NAME	MCAULEY, JAMES L	5.2 NAME	open	
STREET ADDRESS	151 FARMINGTON AVE., YF31	5.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORT CT	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	MORGANSTERN, PRIYA	6.2 NAME		
STREET ADDRESS	185 ASYLUM, YFFI	6.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, FT	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)(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 added by this amendment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #