



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K38096 1. Entity Name FLORIDA HEALTH PLAN MANAGEMENT, INC.						FILED 06 MAR -1 PM 3:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 300 S PARK ROAD HOLLYWOOD, FL 33021			Mailing Address 2828 CROASDALE DRIVE DURHAM, NC 27705				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02092006 Chg-P CR2E034 (11/05)			
City & State		City & State		4. FEI Number 59-2977013			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent WEGNER, ANITA S 300 S PARK ROAD HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name CIT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Dale W. Morris</i></u> DALE W. MORRIS ASSISTANT VICE PRESIDENT <u>2/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, STEVEN M M.D. 300 S PARK ROAD HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100067975661 03/15/06 01020 020 ***2250 00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WEGNER, ANITA S 300 S PARK ROAD HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, FELICIA P 300 SOUTH PARK ROAD HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Anita S. Wegner</i></u> Anita S. Wegner, Sec. <u>02-17-06</u> <u>919 425 1500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							