

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

**APPROVED AND FILED**

**95 MAY -1 PM 1:42**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**700001479907  
-05/09/95--01013--019  
\*\*\*200.00 \*\*\*200.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **M00368 (4)**  
1. Corporation Name  
**GENTURY MEDICAL HEALTH PLAN, INC.  
PCA Family Health Plan, Inc.**

Principal Place of Business Mailing Address  
**6101 BLUE LAGOON DR., SUITE 300  
MIAMI FL 33126** **6101 BLUE LAGOON DR., SUITE 300  
MIAMI FL 33126**

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 28 Zip 29 Country 30

3. Date Incorporated or Qualified **05/08/1984** 3a. Date of Last Report **04/12/1994**  
4. FEI Number **59-2403336** 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  
**MENEDEZ, JOSE M., ESQ.  
6101 BLUE LAGOON DR  
SUITE 300  
MIAMI FL 33126**

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	CD
NAME	KARDATZKE, STANLEY, E
STREET ADDRESS	6101 BLUE LAGOON DR
CITY, ST, ZIP	MIAMI FL
TITLE	VCD
NAME	KILISSANLY, PETER, E
STREET ADDRESS	6101 BLUE LAGOON DR
CITY, ST, ZIP	MIAMI FL
TITLE	TD
NAME	DONNELLY, CLIFFORD, W
STREET ADDRESS	6101 BLUE LAGOON DR
CITY, ST, ZIP	MIAMI FL
TITLE	VD
NAME	JOHNSON, GLEN, R
STREET ADDRESS	6101 BLUE LAGOON DR
CITY, ST, ZIP	MIAMI FL
TITLE	S
NAME	MENEDEZ, JOSE M E
STREET ADDRESS	6101 BLUE LAGOON DR
CITY, ST, ZIP	MIAMI FL
TITLE	VT
NAME	FRIESEN, JON
STREET ADDRESS	6101 BLUE LAGOON DR
CITY, ST, ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Kardatzke, E. Stanley
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	D
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	BERT CIBRAN
33 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 300
34 CITY, ST, ZIP	Miami, FL 33126
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D Natkow, NEIL A., D.O.
43 STREET ADDRESS	6101 Blue Lagoon Dr, Suite 300
44 CITY, ST, ZIP	Miami, FL 33126
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	MENEDEZ, JOSE M.
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	T Reiter, Neil
63 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 300
64 CITY, ST, ZIP	Miami, FL 33126

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 110.07(3)(b), 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: Peter E. Kiliwanly 4/27/95 (305) 267-6633  
Peter E. Kiliwanly (Signature of Director)