FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N07123** **(5)**

1. Corporation Name

HIP HEALTH PLAN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1895 W COMMERCIAL BLVD SUITE 120 FORT LAUDERDALE FL 33309	1895 W COMMERCIAL BLVD SUITE 120 FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1985
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2552016 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 300 South Park Road	26 300 South Park Road
Suite, Apt. #, etc. 22 Fourth Floor	Suite, Apt. #, etc. 27 Fourth Floor
City & State 23 Hollywood, FL	City & State 28 Hollywood, FL
Zip / Country 24 33021 / 25 USA	Zip / Country 29 33021 / 30 USA

9. Name and Address of Current Registered Agent

COHEN, STEVEN M
HIP NETWORK OF FLORIDA
1895 W.COMMERCIAL BLVD.,#120
FT.LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: Cohen, Steven M.
82 Street Address (P.O. Box Number is Not Acceptable): 300 South Park Road - 4th Floor
83
84 City: Hollywood **FL** 85 Zip Code: 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, STEVEN M	1.2 NAME		
STREET ADDRESS	HIP 1895 W COMMERCIAL BL	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	C	2.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, ANTHONY L.	2.2 NAME		
STREET ADDRESS	HIP 7 W. 34TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, STEPHEN I.	3.2 NAME		
STREET ADDRESS	HIP 7 W. 34TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☑ Change ☐ Addition
NAME	NEECK, BERNARD J.	4.2 NAME	Winterble, Eileen S.	
STREET ADDRESS	HIP 7 W. 34TH STREET	4.3 STREET ADDRESS	HIP 7 W. 34th Street	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	New York, NY 10001	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FASS, MAXINE, ESQ.	5.2 NAME		
STREET ADDRESS	HIP 7 W. 34TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven M. Cohen 4/18/95 (305)962-3008 ext.4009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000074Y