


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90062 001 ***300.00

DOCUMENT # P04000131369					
1. Entity Name AMERICAN PIONEER HEALTH PLANS, INC.					
Principal Place of Business 1001 HEATHROW PARK LN STE 5001 LAKE MARY, FL 32746		Mailing Address 1001 HEATHROW PARK LN STE 5001 LAKE MARY, FL 32746			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1650638	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLIFLOWER, MICHAEL A 1001 HEATHROW PARK LN STE 5001 LAKE MARY, FL 32746			Name <u>Danlias F. Howe</u> Street Address (P.O. Box Number is Not Acceptable) <u>1001 Heathrow Park Lane</u> <u>Ste. 5001</u> City <u>Lake Mary</u> FL Zip Code <u>32746</u>		
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>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/12/06</u>					
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	CEOD BARASCH, RICHARD A 6 INTERNATIONAL DR - STE 190 RYE BROOK, NY 10573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barasch, Richard A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6 International Dr, Ste 190 Rye Brook, ny 10573		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPENTER, THEODORE JR 5141 VIRGINIA WAY - STE 260 BRENTWOOD, TN 37027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D Carpenter, Theodore Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5141 Virginia Way - Ste 260 Brentwood, TN 37027		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS JACOBS, GARY M 3050 UNIVERSAL BLVD - STE 150 WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/D Jacobs, Gary M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3050 Universal Blvd - Ste 150 Weston, FL 33331		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, GARY M <input checked="" type="checkbox"/> Delete 3050 UNIVERSAL BLVD - STE 150 WESTON, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/T/S Holman, Steven C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4888 Loop Central Dr. - Ste 700 Houston, TX 77081		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAEGELEIN, ROBERT A <input type="checkbox"/> Delete 6 INTERNATIONAL DR - STE 190 RYE BROOK, NY 10573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Waeglein, Robert A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6 International Dr - Ste 190 Rye Brook, ny 10573		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAND, GARY W <input type="checkbox"/> Delete 1001 HEATHROW PARK LN - STE 5001 LAKE MARY, FL 32746	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>Gary W. Bryant, Director</u> 1/12/06 407-995 8000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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