

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 14 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1650638	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOWE, DANLIAS F 1001 HEATHROW PARK LN STE 5001 LAKE MARY, FL 32746			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			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	D BARASCH, RICHARD A 6 INTERNATIONAL DR - STE 190 RYE BROOK, NY 10573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500109774325 09/21/07--01098--010 **550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPENTER, THEODORE JR, CEO 5141 VIRGINIA WAY - STE 260 BRENTWOOD, TN 37027	<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	SVPD JACOBS, GARY M 3050 UNIVERSAL BLVD - STE 150 WESTON, FL 33331	<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	TS HOLMAN, STEVEN C CEO 4888 LOOP CENTRAL DR SUITE 700 HOUSTON, TX 77081	<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	D WAEGELEIN, ROBERT A 6 INTERNATIONAL DR - STE 190 RYE BROOK, NY 10573	<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	D BRYANT, GARY W 1001 HEATHROW PARK LN - STE 5001 LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Bryant, Gary W 1001 Heathrow Park Ln #5001 Lake Mary FL 32746	
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: _____ DATE: _____ DAYTIME PHONE #: _____					