


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90031 036 \*\*\*150.00

**DOCUMENT # P04000131369**

1. Entity Name  
**AMERICAN PIONEER HEALTH PLANS, INC.**



Principal Place of Business      Mailing Address

**1001 HEATHROW PARK LN  
 STE 5001  
 LAKE MARY, FL 32746**

**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

Zip      Country      Zip      Country

**4001800J**



01212008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**20-1650638**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HOWE, DANLIAS F  
 1001 HEATHROW PARK LN  
 STE 5001  
 LAKE MARY, FL 32746**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	BARASCH, RICHARD A	
STREET ADDRESS	6 INTERNATIONAL DR - STE 190	
CITY-ST-ZIP	RYE BROOK, NY 10573	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARPENTER, THEODORE JR, CEO	
STREET ADDRESS	5141 VIRGINIA WAY - STE 260	
CITY-ST-ZIP	BRENTWOOD, TN 37027	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	JACOBS, GARY M	
STREET ADDRESS	3050 UNIVERSAL BLVD - STE 150	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	TS	<input type="checkbox"/> Delete
NAME	HOLMAN, STEVEN C CEO	
STREET ADDRESS	4888 LOOP CENTRAL DR SUITE 700	
CITY-ST-ZIP	HOUSTON, TX 77081	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAEGELEIN, ROBERT A	
STREET ADDRESS	6 INTERNATIONAL DR - STE 190	
CITY-ST-ZIP	RYE BROOK, NY 10573	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, GARY W	
STREET ADDRESS	1001 HEATHROW PARK LN - STE 5001	
CITY-ST-ZIP	LAKE MARY, FL 32746	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Gary W. Bryant / Gary W. Bryant      01/31/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Me Phone #