

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131369

FILED
Jan 21, 2009
Secretary of State

Entity Name: AMERICAN PIONEER HEALTH PLANS, INC.

Current Principal Place of Business:

1001 HEATHROW PARK LN
STE 5001
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1001 HEATHROW PARK LN
STE 5001
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 20-1650638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARASCH, RICHARD A
Address: 6 INTERNATIONAL DR - STE 190
City-St-Zip: RYE BROOK, NY 10573

Title: PD () Delete
Name: CARPENTER, THEODORE JR, CEO
Address: 5141 VIRGINIA WAY - STE 260
City-St-Zip: BRENTWOOD, TN 37027

Title: SVPD () Delete
Name: JACOBS, GARY M
Address: 3050 UNIVERSAL BLVD - STE 150
City-St-Zip: WESTON, FL 33331

Title: TS () Delete
Name: HOLMAN, STEVEN C CEO
Address: 4888 LOOP CENTRAL DR SUITE 700
City-St-Zip: HOUSTON, TX 77081

Title: D () Delete
Name: WAEGELEIN, ROBERT A
Address: 6 INTERNATIONAL DR - STE 190
City-St-Zip: RYE BROOK, NY 10573

Title: D () Delete
Name: BRYANT, GARY W
Address: 1001 HEATHROW PARK LN - STE 5001
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JACOBS, GARY M
Address: 3050 UNIVERSAL BLVD - STE 150
City-St-Zip: WESTON, FL 33331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY BRYANT

D

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date