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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P22359

(4)

1. Corporation Name  
SENTINEL HEALTH SYSTEMS, INC.



Principal Place of Business

1301 W. LONG LAKE .  
STE. 360  
TROY MI 48098

Mailing Address

NYLCARE HEALTH PLANS, INC.(WAS SANUS CORP)  
ONE LIBERTY PLAZA, MAIL DROP 84  
NEW YORK NY 10008-1404  
US

3. Date Incorporated or Qualified 12/30/1988  
3a. Date of Last Report 08/06/1996

2. Principal Place of Business

21 41 LEOPARD RD

Suite, Apt. #, etc.

22 Suite 104

23 City & State PAOLI, PA

24 Zip 19301

Country U.S.A.

2a. Mailing Address

26 41 LEOPARD RD

Suite, Apt. #, etc.

27 Suite 104

28 City & State PAOLI, PA

29 Zip 19301

Country U.S.A.

4. FEI Number  
93-0952420

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE PD  
NAME HEWAT, ANDREW  
STREET ADDRESS 3870 LEDGE DRIVE  
CITY - ST - ZIP TROY MI 48084 ☒ DELETE

2. TITLE S  
NAME BOLHUIS, JULIE  
STREET ADDRESS 1302 W LONG LAKE  
CITY - ST - ZIP TROY MI 48009 ☒ DELETE

3. TITLE TD  
NAME TAKS, MITCHELL  
STREET ADDRESS ONE LIBERTY PLAZA  
CITY - ST - ZIP NEW YORK NY 10008 ☒ DELETE

4. TITLE D  
NAME JALBERT, LEON  
STREET ADDRESS 7 STONY END ROAD  
CITY - ST - ZIP BROOMALL PA 19008 ☒ DELETE

5. TITLE D  
NAME LYNAUGH, JOSEPH T  
STREET ADDRESS ONE LIBERTY PLAZA  
CITY - ST - ZIP NEW YORK NY 10008 ☒ DELETE

6. TITLE D  
NAME KENT, ROBERT  
STREET ADDRESS ONE LIBERTY PLAZA  
CITY - ST - ZIP NEW YORK NY 10008 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME JALBERT, LEON  
1.3 STREET ADDRESS 7 STONEY END ROAD  
1.4 CITY - ST - ZIP BROOMALL PA 19008

2.1 TITLE EXECUTIVE VP - COO ☒ Change ☐ Addition  
2.2 NAME ANDREW HEWAT  
2.3 STREET ADDRESS 3870 LEDGE DRIVE  
2.4 CITY - ST - ZIP TROY, MI 48084

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Leon Jalbert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Date

(610) 722-9940

Daytime Phone #

0004787

CR2E034 (9/96)