FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P93000035261 (5)**

1. Corporation Name

~~INNOVATIVE CARE, INC.~~

INNOVATIVE HEALTH PLANS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8120 SW 14TH TER MIAMI FL 33144	8120 SW 14TH TER MIAMI FL 33144

3. Date Incorporated or Qualified: 05/13/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 7925 N.W. 12 STREET	26 7925 N.W. 12 STREET
Suite, Apt. #, etc. 22 SUITE 130	Suite, Apt. #, etc. 27 SUITE 130
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / County 24 33126 / 25 DADE	Zip / County 29 33126 / 30 DADE

4. FEI Number: ~~APPLIED FOR~~ 65-0500075 ☐ 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	10. Name and Address of New Registered Agent
OLLET, BLANCA M 8120 SW 14TH TER MIAMI FL 33144	81 Name: JOHN A. OLLET 82 Street Address (P.O. Box Number is Not Acceptable): 7925 NW 12th STREET, SUITE 130 83 84 City: MIAMI FL 85 Zip Code: 33126

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: _____ JOHN A. OLLET, PRESIDENT APRIL 21, 1995
(Signature, typed or printed name of new registered agent and title, if applicable) (NOTE: Registered Agent signature required when necessary.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DVP~~ DV	11 TITLE	DP	☐ Change ☒ Addition
NAME	OLLET, BLANCA M	12 NAME	JOHN A. OLLET	
STREET ADDRESS	8120 SW 14TH TER	13 STREET ADDRESS	7925 NW 12 STREET, STE 130	
CITY ST ZIP	MIAMI FL 33144	14 CITY ST ZIP	MIAMI, FL 33126	
TITLE	DVS	21 TITLE	ST	☐ Change ☒ Addition
NAME	HIDALGO, ADIS	22 NAME	VILMA D. QUINTANA	
STREET ADDRESS	8120 SW 14TH TER	23 STREET ADDRESS	7925 NW 12 STREET, STE 130	
CITY ST ZIP	MIAMI FL 33144	24 CITY ST ZIP	MIAMI, FL 33126	
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	SELWYNN CARRINGTON, MD	
STREET ADDRESS		33 STREET ADDRESS	8910 MIRAMAR PARKWAY	
CITY ST ZIP		34 CITY ST ZIP	MIRAMAR, FL 33025	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	TOM STOCKDALE	
STREET ADDRESS		43 STREET ADDRESS	2002 C-24 OLD AUGUSTINE ROAD	
CITY ST ZIP		44 CITY ST ZIP	TALLAHASSEE, FL 32301	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	HERSHEL KRASNOW	
STREET ADDRESS		53 STREET ADDRESS	1111 KANE CONCOURSE, STE 501	
CITY ST ZIP		54 CITY ST ZIP	BAL HARBOR ISLAND, FL 33154	
TITLE		61 TITLE	D	☒ Change ☐ Addition
NAME		62 NAME	ADIS HIDALGO	
STREET ADDRESS		63 STREET ADDRESS	5633 SW 142 AVENUE	
CITY ST ZIP		64 CITY ST ZIP	MIAMI, FL 33183	

4/27/95 MB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/21/95 (305) 871-7353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0197404 CP