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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P93000035261

1. Corporation Name
INNOVATIVE HEALTH PLANS, INC.

500001509425
-06/09/95--01018--006
*****61.25 *****61.25

Principal Place of Business / Mailing Address
7925 NW 12th STREET, SUITE 130
MIAMI, FLORIDA 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/13/93
3a. Date of Last Report: 4/21/95
4. FEI Number: 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

2. Principal Place of Business: 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address: 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent
JOHN A. OLLET
7925 NW 12th STREET
SUITE 130
MIAMI, FLORIDA 33126

10. Name and Address of New Registered Agent
81 Name: JOHN A. OLLET
82 Street Address (P.O. Box Number is Not Acceptable): 7925 NW 12th STREET
83 SUITE 130
84 City: MIAMI FL 85 Zip Code: 33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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] DATE 6/9/95.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		1.1 TITLE	VP/TREASURER/DIRECTOR ☒ Change ☐ Addition
		1.2 NAME	B. MARGARITA OLLET
		1.3 STREET ADDRESS	7925 NW 12 STREET, SUITE 130
		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		2.1 TITLE	SECRETARY/DIRECTOR ☒ Change ☐ Addition
		2.2 NAME	ADIS HIDALGO
		2.3 STREET ADDRESS	7925 NW 12 STREET, SUITE 130
		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE	DIRECTOR ☐ Change ☒ Addition
		3.2 NAME	H. KRASNOW
		3.3 STREET ADDRESS	1111 KANE CONCOURSE - SUITE 501
		3.4 CITY-ST-ZIP	BAL HARBOR ISLAND, FL 33154
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE	PRESIDENT/DIRECTOR ☒ Change ☐ Addition
		4.2 NAME	JOHN A. OLLET
		4.3 STREET ADDRESS	7925 NW 12 STREET, SUITE 130
	Backdated to April 27, 1995 to	4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	correct annual report filed on the	5.1 TITLE	DIRECTOR ☐ Change ☒ Addition
	same date.	5.2 NAME	TOM STOCKDALE
	JPT 6/22	5.3 STREET ADDRESS	2602 C-24 Old Augustine Road
		5.4 CITY-ST-ZIP	TALLAHASEE, FL 33154
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE	DIRECTOR ☐ Change ☒ Addition
		6.2 NAME	SELWYNN CARRINGTON, MD
		6.3 STREET ADDRESS	8910 MIRAMAR PARKWAY
		6.4 CITY-ST-ZIP	MIRAMAR, FL 33025

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: [signature] JOHN A. OLLET, President 6/19/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date