

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000073414 (3)**

1. Corporation Name

THE DOCTORS' HEALTH PLAN, INC.



Principal Place of Business

Mailing Address

**760 RIVERSIDE AVE
JACKSONVILLE FL 32204**

**760 RIVERSIDE AVE.
P. O. BOX 2411
JACKSONVILLE FL 32204
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**NULAND, CHRISTOPHER L
760 RIVERSIDE AVE
JACKSONVILLE FL 32204**

81 Name

McAbee, Jack L.

82

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

760 Riverside Avenue

83

84 City

Jacksonville

FL

85

Zip Code

32204

3. Date Incorporated or Qualified

10/22/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3206890

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

10. Name and Address of New Registered Agent

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

Jack L. McAbee

Jack L. McAbee

8-2-94

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
D	GOLDBERG, ROBERT	4300 ALTON RD.	MIAMI BCH. FL	<input checked="" type="checkbox"/>
D	SCHULTEN, MAURICE J	436 NOKOMIS AVE., SO.	VENICE FL	<input checked="" type="checkbox"/>
D	DOLAN, JAMES B.	4063 SALISBURY RD.	JACKSONVILLE FL	<input checked="" type="checkbox"/>
D	PARDOLL, PETER	1609 PASADENA AVE.	ST. PETERSBURG FL	<input type="checkbox"/>
D	BRYAN, GLENN	15 E. NASA BLVD.	MELBOURNE FL	<input checked="" type="checkbox"/>
D	JONES, DONALD C.	760 RIVERSIDE AVE.	JACKSONVILLE FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
C	CHARLES P. HAYES, JR., M.D.	2005 Riverside Avenue	Jacksonville, FL 32204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice C	VINCENTE LAGO, M.D.	1100 S.W. 57th AVENUE	MIAMI, FL 33144	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	MORTON MORRIS, D.O., J.D.	2500 HOLLYWOOD BLVD., SUITE 212	HOLLYWOOD, FL 33020	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	JUAN WEBSTER, M.D.	5015 HOLLYWOOD BLVD.	HOLLYWOOD, FL 33021	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	FRANK E. MUCERA, M.D.	229 N.E. 9th St.	DELRAY BEACH, FL 33444	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CECIL B. WILSON	1341 ORANGE AVE.	WINTER PARK, FL 32789	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption from filing under s. 607.0105, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signatures hereon 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 s. 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles P. Hayes, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles P. Hayes, Jr., M.D.

Date

Distance From #

CR2E034 (12/95)