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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 8:59

DOCUMENT # P94000001763 (9)

1. Corporation Name
FOUNDATION HEALTH, A FLORIDA HEALTH PLAN, INC.

Principal Place of Business	Mailing Address
3400 DATA DRIVE RANCHO CORDOVA CA 95670	3400 DATA DRIVE RANCHO CORDOVA CA 95670

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 7950 NW 53rd Street
22 Suite, Apt. #, etc.: Third Floor
23 City & State: Miami, Florida
24 Zip: 33166
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 68-0322363 ☐ 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 SOUTH 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 _____ DATE
Signature, typed or printed name of Registered Agent and Title if applicable — NOTE: Registered Agent's signature required when transferring

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	11 TITLE	☐ Change ☐ Addition
NAME	Lawrence H. Kries	12 NAME	
STREET ADDRESS	7950 NW 53rd St., 3rd Floor	13 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33166	14 CITY-ST-ZIP	
TITLE	D/C	21 TITLE	☐ Change ☐ Addition
NAME	Kirk A. Benson	22 NAME	
STREET ADDRESS	3400 Data Drive	23 STREET ADDRESS	
CITY-ST-ZIP	Rancho Cordova, CA 95670	24 CITY-ST-ZIP	
TITLE	D/T	31 TITLE	☐ Change ☐ Addition
NAME	Jeffrey L. Elder	32 NAME	
STREET ADDRESS	3400 Data Drive	33 STREET ADDRESS	
CITY-ST-ZIP	Rancho Cordova, CA 95670	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	Allen J. Marabito	42 NAME	
STREET ADDRESS	3400 Data Drive	43 STREET ADDRESS	
CITY-ST-ZIP	Rancho Cordova, CA 95670	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Allen Marabito 2/2/95 916/631-5414
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Telephone #
Allen J. Marabito, Secretary

0400330 FP