

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108819

1. Entity Name

HIP HEALTH PLAN OF FLORIDA, INC.

n/c 10/19/2000
TIL

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90307 044 ***158.75

Principal Place of Business

300 S. PARK RD.
HOLLYWOOD FL 33021

Mailing Address

300 S. PARK RD.
HOLLYWOOD FL 33021

AAU61030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0986441

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, GERALD M ESQ
300 S. PARK RD.
HOLLYWOOD FL 33021

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABERNETHY, DAVID S	
STREET ADDRESS	300 S. PARK RD., 4TH FLOOR	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FULLWOOD, MICHAEL ESQ	
STREET ADDRESS	7 W. 34TH ST.	
CITY-ST-ZIP	NEW YORK NY 10001	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, CHARLES	
STREET ADDRESS	301 N. HARRISON ST., STE. 68	
CITY-ST-ZIP	PRINCETON NJ 08540-3512	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MCGOWEN, DANIEL T	
STREET ADDRESS	7 W. 34TH ST.	
CITY-ST-ZIP	NEW YORK NY 10001	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEECK, BERNARD J	
STREET ADDRESS	224 EDSALL TERR.	
CITY-ST-ZIP	PEARL RIVER NY 10965	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRAUD, ROBERT L	
STREET ADDRESS	3200 S. UNIVERSITY DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33328	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berding, Ronald, J.	
STREET ADDRESS	300 South Park Road	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce, Drew	
STREET ADDRESS	2828 Croasdaile Dr., Durham, NC	
CITY-ST-ZIP	27705	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sauer, Albert	
STREET ADDRESS	300 South Park Road	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moen, Daniel	
STREET ADDRESS	300 South Park Road, Hwd., FL	
CITY-ST-ZIP	33021	
TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott, Steven M., M.D.	
STREET ADDRESS	2828 Croasdaile Dr., Durham, NC.	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hogan, James M., M.D.	
STREET ADDRESS	300 South Park Road, Hwd. FL	
CITY-ST-ZIP	33021	

CONTINUED ON
ATTACHMENT 1

CONTINUED ON ATTACHMENT 2

13. I 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 report or supplemental 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Ronald J. Berding

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daycare Provider #

4/24/01

AW01856
DH P99000108819

ATTACHMENT 1

11. Continued from page 1:

DP

Cohen, Steven M.

HIP - 300 South Park Road

Hollywood, FL 33021

DELETE

C

Watson, Anthony L.

HIP - 7 W. 34th St.

New York, NY 10010

DELETE

D

Scarlatos, Peter

25 Cliff St.

New York, NY 10038

DELETE

A00061856
PA# P99000108819

2001 Uniform Business Report

HIP HEALTH PLAN OF FLORIDA, INC.

12. S

Cohen, Gerald M., Esquire
300 South Park Road
Hollywood, Florida 33021