

# 2002 UNIFORM BUSINESS REPORT (UBR)

0148362 AV

**DOCUMENT # P99000108819**

1. Entity Name  
**VISTA HEALTHPLAN, INC.**

FILED

02 MAR 12 PM 3:47

Principal Place of Business

300 S. PARK RD.  
HOLLYWOOD FL 33021

Mailing Address

300 S. PARK RD.  
HOLLYWOOD FL 33021

*[Handwritten Signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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)

**200005191002--2**

**-04/04/02--01022--022**

City

**\*\*\*\*158.75 \*\*\*\*158.75**

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 title if applicable.

(NOTE: Registered Agent 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, 2002 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 PD  
NAME BERDING, RONALD J  
STREET ADDRESS 300 SOUTH PARK ROAD  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE PCEO  
NAME Berding, R. Joseph ☒ Change ☐ Addition  
STREET ADDRESS 300 South Park Road  
CITY-ST-ZIP Hollywood, FL 33021

TITLE TD  
NAME JOYCE, DREW ☒ Delete  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC 27705

TITLE SD  
NAME Cohen, Gerald M. ☐ Change ☒ Addition  
STREET ADDRESS 300 South Park Road  
CITY-ST-ZIP Hollywood, FL 33021

TITLE AT  
NAME SAUER, ALBERT ☐ Delete  
STREET ADDRESS 300 SOUTH PARK ROAD  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE TCFO  
NAME Sauer, Al ☒ Change ☐ Addition  
STREET ADDRESS 300 South Park Road  
CITY-ST-ZIP Hollywood, FL 33021

TITLE D  
NAME MOEN, DANIEL ☒ Delete  
STREET ADDRESS 300 SOUTH PARK ROAD  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE CD  
NAME Scott, Steven M., M.D. ☐ Change ☒ Addition  
STREET ADDRESS 2828 Croasdaile Dr.  
CITY-ST-ZIP Durham, NC 27705

TITLE CD  
NAME HOGAN, M.D., STEVEN M ☒ Delete  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC 27705

TITLE AT  
NAME King, Felicia ☐ Change ☒ Addition  
STREET ADDRESS 2828 Croasdaile Dr.  
CITY-ST-ZIP Durham, NC 27705

TITLE D  
NAME HOGAN, M.D., JAMES M ☐ Delete  
STREET ADDRESS 300 SOUTH PARK ROAD  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE DCOO  
NAME Hogan, J. Michael ☒ Change ☐ Addition  
STREET ADDRESS 300 South Park Road  
CITY-ST-ZIP Hollywood, FL 33021

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 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD M. COHEN

2/25/02 954-986-6205

Date Daytime Phone #

CR2E034 (9/01)