

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90067 029 ***150.00

DOCUMENT # P99000108819

1. Entity Name
VISTA HEALTHPLAN, INC.



Principal Place of Business
**300 S. PARK RD.
HOLLYWOOD, FL 33021**

Mailing Address
**300 S. PARK RD.
HOLLYWOOD, FL 33021**

40037446



2. Principal Place of Business - No P.O. Box #
1340 Concord Terrace

3. Mailing Address
1340 Concord Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007

Chg-P

CR2E034 (12/06)

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

65-0986441

Applied For

Not Applicable

Zip

33323

Country

Zip

33323

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

1340 Concord Terrace

City

Sunrise

FL

Zip Code

33323

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

Gerald M. Cohen

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PDCE ☐ Delete
NAME BERDING, R. JOSEPH
STREET ADDRESS 300 SOUTH PARK ROAD
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D ☒ Delete
NAME SCOTT, CHASE M
STREET ADDRESS 300 S. PARK RD.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE T ☐ Delete
NAME GARCIA, LEONARDO F
STREET ADDRESS 300 SOUTH PARK ROAD
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE CD ☐ Delete
NAME SCOTT, STEVEN M M.D.
STREET ADDRESS 300 SOUTH PARK RD.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE AT ☒ Delete
NAME KING, FELICIA
STREET ADDRESS 300 SOUTH PARK RD.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE DCOO ☒ Delete
NAME HOGAN, J. MICHAEL
STREET ADDRESS 300 SOUTH PARK ROAD
CITY-ST-ZIP HOLLYWOOD, FL 33021

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 3 ☐ Change ☒ Addition
NAME Gerald M. Cohen
STREET ADDRESS 1340 Concord Terrace
CITY-ST-ZIP Sunrise, FL 33323

TITLE D ☐ Change ☒ Addition
NAME Marcel Gamache
STREET ADDRESS 1340 Concord Terrace
CITY-ST-ZIP Sunrise, FL 33323

TITLE D ☐ Change ☒ Addition
NAME James E. Buncher
STREET ADDRESS 1340 Concord Terrace
CITY-ST-ZIP Sunrise, FL 33323

TITLE D ☐ Change ☒ Addition
NAME Joseph Driscoll
STREET ADDRESS 1340 Concord Terrace
CITY-ST-ZIP Sunrise, FL 33323

TITLE D ☐ Change ☒ Addition
NAME Bertram E. Wells, M.D.
STREET ADDRESS 1340 Concord Terrace
CITY-ST-ZIP Sunrise, FL 33323

TITLE ☒ Change ☐ Addition
NAME **FOR ALL**
STREET ADDRESS 1340 Concord Terrace
CITY-ST-ZIP Sunrise, FL 33323

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

2/21/07
Date

800-422-7355
Daytime Phone #