

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000067587 (2)

1. Corporation Name

AMERICAN HEALTH PLAN OF SOUTH FLORIDA, INC.

Principal Place of Business

600 WEST 20TH STREET
HIALEAH FL 33010

Mailing Address

600 WEST 20TH STREET
HIALEAH FL 33010



3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

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

4. FEI Number

65-0608848

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

10. Name and Address of New Registered Agent

PUJOS, JOSE R
2701 S.W. LEJEUNE ROAD
SUITE 401
CORAL GABLES FL 33134

81

Name

WILFRED BRACERAS

82

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

600 West 20th Street

83

84

City

Hialeah

FL

85

Zip Code

33010

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

J. P. J. Pujos
Signature, typed or printed name of registered agent and title if applicable.

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

01/26/96

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BRACERAS, WILFRED
STREET ADDRESS	600 WEST 20TH STREET
CITY-ST-ZIP	HIALEAH FL-33010
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRACERAS, WILFRED	
1.3 STREET ADDRESS	600 WEST 20TH STREET	
1.4 CITY-ST-ZIP	HIALEAH, FL 33010	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRACERAS, SUSANA	
2.3 STREET ADDRESS	600 WEST 20TH STREET	
2.4 CITY-ST-ZIP	HIALEAH, FL 33010	
3.1 TITLE	Senior VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Luis Del Pozo	
3.3 STREET ADDRESS	600 West 20th Street	
3.4 CITY-ST-ZIP	Hialeah, FL 33010	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDGARD ZAMORA	
4.3 STREET ADDRESS	600 West 20th Street	
4.4 CITY-ST-ZIP	HIALEAH, FL 33010	
5.1 TITLE	VP of Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Leslie Cortina	
5.3 STREET ADDRESS	600 West 20th Street	
5.4 CITY-ST-ZIP	HIALEAH, FL 33010	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GARY NERTZ	
6.3 STREET ADDRESS	600 West 20th Street	
6.4 CITY-ST-ZIP	HIALEAH, FL 33010	

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

J. P. J. Pujos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/96
Date

Daytime Phone #

CR2E034 (12/95)