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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000011329**

1. Corporation Name
BEACON HEALTH PLANS, INC.

Principal Place of Business	Mailing Address
2511 PONCE DE LEON BLVD 5TH FLOOR CORAL GABLES FL 33134 US	PO BOX 14-9080 5TH FLOOR CORAL GABLES FL 33114-080 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 14-9080
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Coral Gables, Florida
Zip / Country 24 / 25	Zip / Country 29 33114-9080 / 30 USA

3. Date Incorporated or Qualifed: 01/31/1996

4. FEI Number: 65-0660578 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE
19TH FLOOR
MIAMI FL 33133

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	NOONAN, RAYMOND E		1.2 NAME	NOONAN, RAYMOND E.	
STREET ADDRESS	2511 PONCE DE LEON BLVD., 5TH FLOOR		1.3 STREET ADDRESS	2503 Sea Island Drive	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, Florida 33301	
TITLE	CFO	☐ DELETE	2.1 TITLE	S/T	☒ Change ☐ Addition
NAME	YOUNG, FRANK L.		2.2 NAME	YOUNG, FRANK L.	
STREET ADDRESS	2511 PONCE DE LEON BLVD, 5TH FLOOR		2.3 STREET ADDRESS	1115 Country Club Prado	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	VP	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	PLANA, NESTOR J.		3.2 NAME	PLANA, NESTOR J.	
STREET ADDRESS	2511 PONCE DE LEON BLD, 5TH FLOOR		3.3 STREET ADDRESS	1110 Country Club Prado	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	VPM	☐ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	BERENGUER, ANA M.		4.2 NAME	BERENGUER, ANA M.	
STREET ADDRESS	2511 PONCE DE LEON BLVD, 5TH FLOOR		4.3 STREET ADDRESS	785 Curtiswood	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	Key Biscayne, Florida 33149	
TITLE		☐ DELETE	5.1 TITLE	V	☒ Change ☐ Addition
NAME			5.2 NAME	GONZALEZ, WILFREDO V.	
STREET ADDRESS			5.3 STREET ADDRESS	2220 Country Club Prado	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	~~Coral Gables, Florida 33134~~	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: _____ March 4, 1999 (305) 774-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #