

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011329

1. Entity Name

BEACON HEALTH PLANS, INC.

Principal Place of Business

2511 PONCE DE LEON BLVD
5TH FLOOR
CORAL GABLES FL 33134
US

Mailing Address

PO BOX 14-9080
CORAL GABLES FL 33114-9080
US

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

65-0660578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERENQUER, ANA M
785 CURTISWOOD
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

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 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, 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

TITLE DP
NAME PLANA, NESTOR J.
STREET ADDRESS 1110 COUNTRY CLUB PRADO
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE VS
NAME BERENQUER, ANA M.
STREET ADDRESS 785 CURTISWOOD
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE VT
NAME GONZALEZ, WILFREDO V
STREET ADDRESS 2220 COUNTRY CLUB PRADO
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME Chunn, Patrick J.
STREET ADDRESS 13856 N.W. 21st Street
CITY-ST-ZIP Pembroke Pines, FL 33028 ☐ Change ☒ Addition

TITLE C
NAME Scott, Steven M.
STREET ADDRESS 3711 stoneybrook Drive
CITY-ST-ZIP Durham, NC 27705 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 and all other like empowered.

SIGNATURE:

Patrick J. Chunn Patrick J. Chunn 2/13/01 (305) 774-2553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0140395

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE