2002 UNIFORM BUSINESS REPORT (UBR)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P96000011329

1. Entity 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 CORAL GABLES FL 33114-9080 US

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 65-0660578 ☐ 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 300 SOUTH PARK RD HOLLYWOOD FL 33021	Name Street Address (P.O. Box Number is Not Acceptable) 400005190994--9 -04/04/02--01022--020 City ****158.75 FL ****158.75

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SCOTT, STEVEN J. M M.D 2828 CROASDAILE DRIVE DURHAM NC 27705-2430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Cohen, Gerald M. 300 South Park Road Hollywood, FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PLANA, NESTOR J 1110 COUNTRY CLUB PRADO CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCFO Sauer, Al 300 South Park Road Hollywood, FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DREW, JOYCE 2828 CROASDAILE DRIVE DURHAM NC 27705-2430	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT King, Felicia 2828 Croasdaile Drive Durham, NC 27705-2430	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST CHUNN, PATRICK J 13856 N W 21ST STREET PEMBROKE PINES FL 33028	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCOO Hogan, J. Michael 300 South Park Road Hollywood, FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD BERDING, JOE 300 SOUTH PARK ROAD HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEOD Berding, R. Joseph 300 South Park Road Hollywood, FL 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOEN, DANIEL 300 SOUTH PARK ROAD HOLLYWOOD FL 33021	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 all other like empowered.

SIGNATURE: GERALD M. COHEN 2/25/02 954-986-6205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #