## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 364881

COMMUNITY HEALTH PLAN INC

Principal Place of Business	<ul> <li>Mailing Address</li> </ul>
3901 N.W. 79TH AVE., SUITE 119	3901 N.W. 79TH AVE., SUITE 119
MIAMI FL 33166	MIAMI FL 33166

## FILED Apr 08, 1999 8:00 am Secretary of State

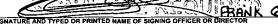
04-08-1999 90009 046 \*\*\*150.00



MIAMI FL 33166	33166 MIAMI FL 33166		DO NOT WRITE IN THIS SPACE	CE				
					3. Date incorporated or Qualifed			
					05/29/1970			
2. Principal Pl	. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
21		26			NOT APPLICABLE	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.		حنسي	-		3.75 Additional Fee Required			
22	27							
City & State		City & State	28			5.00 May Be Added to Fees		
23 Zip			Countr		This corporation owes the current year Intangible			
24	25	29 30	30		Personal Property Tax.			
44	9. Name and Address of Current				10. Name and Address of New Registered Agen	t		
·			81	Name		ĺ		
GABOR, FRANK			82	Street A	Street Address (P.O. Box Number is Not Acceptable)			
3901 N.W. 79TH AVE. #119								
MIAN	MI FL 33166		83					
			84	City	85	Zip Code		
				'	<u>FL</u>			
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								
	Signature, typed or printed name of registered agent		-	nt signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIF	DECTORS IN 12		
12.	PDS OFFICERS AND	DELETE	13.			hange Addition		
TITLE	GABOR,FRANK	1.2 N			~			
NAME STREET ADDRESS	3901 N.W. 79TH AVE. #119			T ADDRESS				
	MIAMI FL 33166		1.4 CITY-1	į.				
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TITLE			Change		
NAME	GABOR, JEFFREY		2.2 NAME	i	•			
STREET ADDRESS	3534 THOMASVILLE RD		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-	ST-ZIP	ي ويو يوچو ي د د د د			
TITLE	VD	☐ DELETE	3.1 TITLE			Change		
NAME	GABOR, RONALD		3.2 NAME					
STREET ADDRESS	3901 N.W. 79TH AVE. #119		3.3 STREE	T ADDRESS		1		
CITY-ST-ZIP	MIAMI FL 33166		3.4. CITY-	ST-ZIP				
πιε		☐ DELETE	4.1 TITLE			Change		
NAME			4. 2 NAME	:	•			
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		ЦC	Change		
NAME			5.2 NAME			}		
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	-	□ BELETE	5.4 CITY-1	ST-ZIP		Change		
TITLE		☐ DELETE	6.2 NAME		П	mange Addition [		
NAME 🙏 .	. B 13%			1		Ì		
· - ·	F. B. W. W.	,		TADORESS				
CITY-ST-ZIP	·		6.4 CITY-	51-ZIP				

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:



305-471-0028