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 # 400502 (1)

1. Corporation Name

HEALTH MAINTENANCE ORGANIZATIONS, INC.

Principal Place of Business

510 VONDERBURG DR
STE 3000
BRANDON FL 33511-4931

Mailing Address

510 VONDERBURG DR
STE 3000
BRANDON FL 33511-4931

3. Date Incorporated or Qualified: 05/05/1972

3a. Date of Last Report: 04/27/1995

4. FEI Number: 59-1422026 — 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

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. **Name and Address of Current Registered Agent**

COMPREHENSIVE HEALTH PLANNER, INC
510 VONDERBURG DR
BRANDON FL 33511

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 ______

12. OFFICERS AND DIRECTORS

TITLE	DCP	☐ DELETE
NAME	PETER, E LESLIE	
STREET ADDRESS	510 VONDERBURG DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	SD	☐ DELETE
NAME	LABONTE, LORRAINE	
STREET ADDRESS	510 VONDERBURG DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	☐ DELETE
NAME	COTTINGHAM, DUDLEY	
STREET ADDRESS	RICHMOND RD	
CITY-ST-ZIP	HAMILTON, BERMUDA	
TITLE	TD	☐ DELETE
NAME	CLARKE, E BOYD	
STREET ADDRESS	11 CENTURION CT	
CITY-ST-ZIP	WILLOWDALE, ONTARIO	
TITLE	D	☐ DELETE
NAME	WARMFLASH, DAVID	
STREET ADDRESS	61 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10006	
TITLE	VD	☐ DELETE
NAME	SCHNEIDER, HERBERT	
STREET ADDRESS	510 VONDERBURG DR	
CITY-ST-ZIP	BRANDON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 if changed, or on an attachment with an address.

SIGNATURE: Lorraine LaBonte — 4/18/96 — 813-685-0891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #