

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

FILED  
Mar 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/05/1972	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1422026		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	Ass't. Secretary
NAME	PETER, E LESLIE	1.2 NAME	Anne D'Elia
STREET ADDRESS	510 VONDERBURG DR	1.3 STREET ADDRESS	61 Broadway
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	New York, NY 10006
TITLE	SD	2.1 TITLE	Ass't Secretary
NAME	LABONTE, LORRAINE	2.2 NAME	Claudette Whisenant
STREET ADDRESS	510 VONDERBURG DR	2.3 STREET ADDRESS	510 Vonderburg Dr.
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	Brandon, FL. 33511
TITLE	D	3.1 TITLE	
NAME	COTTINGHAM, DUDLEY	3.2 NAME	
STREET ADDRESS	RICHMOND RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON, BERMUDA	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TDVP/Ass't. Sec.
NAME	CLARKE, E BOYD	4.2 NAME	
STREET ADDRESS	11 CENTURION CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE, ONTARIO	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Secretary
NAME	WARMFLASH, DAVID	5.2 NAME	
STREET ADDRESS	61 BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10006	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	SCHNEIDER, HERBERT	6.2 NAME	
STREET ADDRESS	510 VONDERBURG DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	6.4 CITY-ST-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.

SIGNATURE

*[Signature]*

3/2/98 2/22-52/11

CR2E034 (10/97)