## 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

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90181 026 \*\*\*150.00

## DOCUMENT # 400502

1. Corporation Name

HEALTH MAINTENANCE ORGANIZATIONS, INC.

incipal Place of Business Mailing Address					ים החותם הטינסט ההוקט גרובהם ההמסטה ה 	ו וושוש נשוי שנה.	ALDIK BITTI DITIL B	AND THE TOTAL
· ·		510 VONDERBURG DR						
3000		STE 3000						
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			}
n :		D Mailing Address			05/05/1972 4. FEI Number		17/45	plied For
Principal Pi	ace of Business	2a. Mailing Address			59-1422026		<u> </u>	t Applicable
Cuite Ast	# -1-	Suite, Apt. #, etc.	<del></del>		39-1422020		\$8.75 A	
Suite, Apt. #, etc.					5. Certifcate of Status Desired		Fee Re	
City & State		City & State			6. Election Campaign Financing	_ <u>.</u>	\$5.00	<del></del>
City & State		28			Trust Fund Contribution	· 🗖	Added to	
Zip Country			Country		8. This corporation owes the curr	ent vear in		
		29 30			Personal Property Tax.			
-	9. Name and Address of Curre	_ \			10. Name and Address of New I	Registered	Agent	
<del></del> _			81 Nar	ne				
COMPREHENSIVE HEALTH PLANNER, INC			20		DO D. W. S. M. A.	-1-1-1		
510 VONDERBURG DR			82 Stre	et Addre	ss (P.O. Box Number is Not Accept	10ie)		Į
BRAI	NDON FL 33511		83				•	
							<del></del>	
			84 City	1		FL	85 Zip C	Code
Pursuant	to the provisions of Sections 607 050	02 and 607.1508, Florida Statutes, th	ne above-nam	ed como	ration submits this statement for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the State	of Florida. Such change was author	ized by the c	orporation	n's board of directors. I hereby acce	ot the appo	intment as req	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida S	Statutes.					
·	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: Regis	tered Agent signal	ure required	when reinstating)	DATE		<del></del> [
			13.	are required	ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
·	DCP		1.1 TITLE	$\neg \top$			Change	☐ Addition
	PETER, E LESLIE		1.2 NAME					ĺ
- I ADDALSS	510 VONDERBURG DR		1.3 STREET ADDRI	20				Į.
	BRANDON FL		1.4 CITY-ST-ZIP		•			ĺ
ST ZIP	AS		2.1 TITLE	_			Change	☐ Addition
- )	D'ELIA, ANNE	_	2.2 NAME					<u> </u>
	61 BROADWAY			-00 1	.15 Broadway			
I ADGRESS			2.3 STREET ADORS	255 1	.IJ binadway	4		ì
ST ZIP	NEW YORK NY 10006		2. 4 CITY-ST-ZIP			<del></del>	Change	Addition
	OTTINGHAM DUDIEV		_		and the second	-		
-	COTTINGHAM, DUDLEY		3.2 NAME					
! ADDRESS	RICHMOND RD		3.3 STREET ADDRI	-55				1
ST-ZIP	HAMILTON, BERMUDA		3.4. CITY-ST-ZIP	<del></del>			Change	Addition
	TDVP		4.1 TITLE	ļ				
	CLARKE, E BOYD		4. 2 NAME					
_f ADDRESS			4.3 STREET ADDRI	:SS				l
ST-ZIP	WILLOWDALE, ONTARIO	<del></del>	4.4 CITY-ST-ZIP				Change	Addition
	\$		5.1 TITLE 5.2 NAME	i			Laconarigo	
Ì	WARMFLASH, DAVID	ľ		11	.5 Broadway			Ì
I ADDRESS	61 BROADWAY		5,3 STREET ADDR	- 1	22044.09			
97 ZIP	NEW YORK NY 10006		5.4 CITY-ST-ZIP				[] Change	Addition
	AS		6.1 TITLE	]			Change	LJ Addition
	WHISENANT, CLAUDETTE	Y .	6.2 NAME					-
LADDRESS	510 VONDERBURG DR		63 STREET ADDR	ESS				
ST ZIP	BRANDON FL 33511	1	6.4 CITY-ST-ZIP					

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 employered 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 bin an attachment with an appears, with all other like empowered.