FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748461 (1)

1. Corporation Name
FLORIDA ASSOCIATION OF HEALTH MAINTENANCE ORGANI ZATIONS, INC.

Principal Place of Business	Mailing Address
1415 E. PIEDMONT DR STE 4 BOX 13645 TALLAHASSEE FL 32312-2944	1415 E. PIEDMONT DR STE 4 BOX 13645 TALLAHASSEE FL 32312-2944

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1979
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1932689 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 Post Office Box 13645		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22 Suite 1	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 32317 / 30		

9. Name and Address of Current Registered Agent

RICHARD F. DORFF
1415 E. PIEDMONT DR
STE 4
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 1
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 Richard F. Dorff 2-20-95
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	P/D	1.1 TITLE	President P/D	☒ Change ☐ Addition
NAME	ONEIL,GERALD T.	1.2 NAME	Roy L. Burgess	
STREET ADDRESS	720 SW 2ND AVE	1.3 STREET ADDRESS	6200 Courtney Campbell, Suite 200	
CITY-ST-ZIP	GAINESVILLE FL 32601	1.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	VD	2.1 TITLE	President-Elect V/D	☒ Change ☐ Addition
NAME	BURGESS,ROY L.	2.2 NAME	Steven M. Cohen	
STREET ADDRESS	3450 W. BUSCH BLVD 245	2.3 STREET ADDRESS	200 South Park Road	
CITY-ST-ZIP	TAMPA FL 33618	2.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	S/D	3.1 TITLE	Secretary S/D	☒ Change ☐ Addition
NAME	SUBASIC,MICHEAL	3.2 NAME	Lawrence J. O'Brien	
STREET ADDRESS	1101 N. LAKE DESTINY STE 300	3.3 STREET ADDRESS	5959 Blue Lagoon Drive	
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	Miami, FL 33126 D	
TITLE	D	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	SELLERS,KENNETH G	4.2 NAME	Phillip R. Parker	
STREET ADDRESS	8900 FREEDOM COMMERCE PKY	4.3 STREET ADDRESS	8900 Freedom Commerce Parkway	
CITY-ST-ZIP	JACKSONVILLE FL 32259	4.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	TD	5.1 TITLE	Past President PTD	☒ Change ☐ Addition
NAME	BURGESS, ROY	5.2 NAME	Gerald T. O'Neil	
STREET ADDRESS	3450 W. BUSCH BLVD	5.3 STREET ADDRESS	720 SW 2nd Avenue	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tallahassee, FL 32601	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Roy L. Burgess 2/14/95 813-288-6002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

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