

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **748461** (1)

1. Corporation Name

FLORIDA ASSOCIATION OF HEALTH MAINTENANCE ORGANIZATIONS, INC.



Principal Place of Business

Mailing Address

**1415 E. PIEDMONT DR
SUITE 1
TALLAHASSEE FL 32312-2944
US**

**POST OFFICE BOX 13645
STE 4 BOX 13645
TALLAHASSEE FL 32321
US**

3. Date Incorporated or Qualified

08/09/1979

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P. O. Box 13645**

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24 **32317-3645**

4. FEI Number

59-1932689

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARD F. DORFF
1415 E. PIEDMONT DR
SUITE 1
TALLAHASSEE FL 32308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code
32312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 **PD** ☒ DELETE
NAME **BURGESS, ROY L**
STREET ADDRESS **6200 COURTNEY CAMPBELL, STE. 200**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME **Cohen, Steven M.**
1.3 STREET ADDRESS **300 South Park Road, 4th Floor**
1.4 CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **PVP** ☒ DELETE
NAME **COHEN, STEVEN M**
STREET ADDRESS **200 SOUTH PARK ROAD**
CITY-ST-ZIP **HOLLYWOOD FL**

2.1 TITLE **VCD** ☒ Change ☐ Addition
2.2 NAME **Simpson, Edward F.**
2.3 STREET ADDRESS **1340 Ridgewood Avenue**
2.4 CITY-ST-ZIP **Holly Hill, FL 32117**

TITLE **S/D** ☒ DELETE
NAME **O'BRIEN, LAWRENCE J**
STREET ADDRESS **5959 BLUE LAGOON DRIVE**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE **PD** ☐ Change ☒ Addition
3.2 NAME **Dorff, Richard F.**
3.3 STREET ADDRESS **1415 E. Piedmont Drive, Suite 1**
3.4 CITY-ST-ZIP **Tallahassee, FL 32312-2944**

TITLE **TD** ☒ DELETE
NAME **PARKER, PHILLIP R**
STREET ADDRESS **8900 FREEDOM COMMERCE PARKWAY**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **Parker, Phillip R.**
4.3 STREET ADDRESS **8900 Freedom Commerce Parkway**
4.4 CITY-ST-ZIP **Jacksonville, FL 32259**

TITLE **PP** ☒ DELETE
NAME **O'NEIL, GERALD T**
STREET ADDRESS **720 SW 2ND AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL**

5.1 TITLE **TD** ☒ Change ☐ Addition
5.2 NAME **Henry, James F.H.**
5.3 STREET ADDRESS **1200 Riverplace Blvd., Suite 500**
5.4 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **PCD** ☒ Change ☐ Addition
6.2 NAME **O'Neil, Gerald T.**
6.3 STREET ADDRESS **4300 NW 39th Boulevard**
6.4 CITY-ST-ZIP **Gainesville, FL 32606**

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

SIGNATURE: *Richard F. Dorff* **Richard F. Dorff**

3/1/96

904-386-2904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)