

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
USPOST OFFICE BOX 13645  
TALLAHASSEE FL 32317-3645  
US3. Date Incorporated or Qualified  
08/09/19793a. Date of Last Report  
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-1932689Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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 CD ☐ DELETE  
NAME COHEN, STEVEN M.  
STREET ADDRESS 300 SOUTH PARK ROAD 4TH FLOOR  
CITY-ST-ZIP HOLLYWOOD FLTITLE VCD ☐ DELETE  
NAME SIMPSON, EDWARD F.  
STREET ADDRESS 1340 RIDGEWOOD AVENUE  
CITY-ST-ZIP HOLLY HILL FLTITLE PD ☐ DELETE  
NAME DORFF, RICHARD F.  
STREET ADDRESS 1415 E. PIEDMONT DRIVE STE 1  
CITY-ST-ZIP TALLAHASSEE FLTITLE SD ☐ DELETE  
NAME PARKER, PHILLIP R.  
STREET ADDRESS 8900 FREEDOM COMMERCE PARKWAY  
CITY-ST-ZIP JACKSONVILLE FLTITLE TD ☐ DELETE  
NAME HENRY, JAMES F. H.  
STREET ADDRESS 1200 RIVERPLACE BLVD SUITE 500  
CITY-ST-ZIP JACKSONVILLE FLTITLE PCD ☐ DELETE  
NAME O'NEIL, GERLAD T.  
STREET ADDRESS 4300 NW 89TH BLVD  
CITY-ST-ZIP GAINESVILLE FL1.1 TITLE CD ☒ Change ☐ Addition  
1.2 NAME Henry, James F.H.  
1.3 STREET ADDRESS 1200 Riverplace Blvd., Suite 700  
1.4 CITY-ST-ZIP Jacksonville, FL 322072.1 TITLE VCD ☐ Change ☒ Addition  
2.2 NAME Edward C. Peddie  
2.3 STREET ADDRESS 4300 NW 89th Boulevard  
2.4 CITY-ST-ZIP Gainesville, FL 326063.1 TITLE VCD ☒ Change ☐ Addition  
3.2 NAME Phillip R. Parker  
3.3 STREET ADDRESS 8381 Dix Ellis Trail  
3.4 CITY-ST-ZIP Jacksonville, FL 322594.1 TITLE PD ☒ Change ☐ Addition  
4.2 NAME Richard F. Dorff  
4.3 STREET ADDRESS 1415 East Piedmont Drive, Suite 1  
4.4 CITY-ST-ZIP Tallahassee, FL 323125.1 TITLE SD ☒ Change ☐ Addition  
5.2 NAME Michael B. McCallister  
5.3 STREET ADDRESS 500 West Main Street, 5th Floor  
5.4 CITY-ST-ZIP Louisville, KY 462026.1 TITLE TD ☒ Change ☐ Addition  
6.2 NAME William H. Mauk, Jr.  
6.3 STREET ADDRESS 7600 Corporate Center Drive  
6.4 CITY-ST-ZIP Miami, FL 33126

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

SIGNATURE: *Richard F. Dorff* Richard F. Dorff, President 1/10/97 904-386-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0008758

CR2E037 (9/96)