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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
TALLAHASSEE FL 32317-3645
US**



3. Date Incorporated or Qualified

08/09/1979

4. FEI Number

59-1932689

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

**CD
COHEN, STEVEN M.
300 SOUTH PARK ROAD 4TH FLOOR
HOLLYWOOD FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

**VCD
SIMPSON, EDWARD F.
1340 RIDGEWOOD AVENUE
HOLLY HILL FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

**PD
DORFF, RICHARD F.
1415 E. PIEDMONT DRIVE STE 1
TALLAHASSEE FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ DELETE

**SD
PARKER, PHILLIP R.
8900 FREEDOM COMMERCE PARKWAY
JACKSONVILLE FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ DELETE

**TD
HENRY, JAMES F. H.
1200 RIVERPLACE BLVD SUITE 500
JACKSONVILLE FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ DELETE

**PCD
O'NEIL, GERLAD T.
4300 NW 89TH BLVD
GAINESVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☒ Change ☒ Addition

33021

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ☒ Change ☐ Addition

32117

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☐ Addition

32312

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☒ Addition

**DVC
Mauk, William F., Jr.
7600 Corporate Center Drive
Miami, FL 33126**

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☒ Addition

**CD
Peddie, Edward C.
4300 NW 89th Ave
Gainesville, FL 32606**

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☒ Addition

**STD
McCallister, Michael B.
3400 Lakeside Dr.
Miramar, FL 33027**

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 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 Dorff

1/30/98

850-386-2904

CR2E037 (10/97)