

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90013 028 ****61.25

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DOCUMENT # 748461

1. Corporation Name

FLORIDA ASSOCIATION OF HEALTH MAINTENANCE ORGANIZATIONS, INC.

Principal Place of Business

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

Mailing Address

POST OFFICE BOX 13645
TALLAHASSEE FL 32317-3645
US



115995-90013-28 5

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/09/1979

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **COHEN, STEVEN M.**
STREET ADDRESS **300 SOUTH PARK ROAD 4TH FLOOR**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VCD** ☐ DELETE
NAME **SIMPSON, EDWARD F.**
STREET ADDRESS **1340 RIDGEWOOD AVENUE**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **PD** ☐ DELETE
NAME **DORFF, RICHARD F.**
STREET ADDRESS **1415 E. PIEDMONT DRIVE STE 1**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **CD** ☐ DELETE
NAME **PEDDIE, EDWARD C**
STREET ADDRESS **4300 NW 89TH AVE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **DVC** ☐ DELETE
NAME **MAUK, WILLIAM F JR**
STREET ADDRESS **7600 CORPORATE CENTER DR**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **STD** ☒ DELETE
NAME **MCALLISTER, MICHAEL B**
STREET ADDRESS **3400 LAKESIDE DR**
CITY-ST-ZIP **MIRAMAR FL 33027**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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, with all other like empowered.

SIGNATURE: **Richard F. Dorff**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 850-386-2904
Date Daytime Phone #

CR2E037 (1/98)