DOCUMENT # 748461

Entity Name

FLORIDA ASSOCIATION OF HEALTH MAINTENANCE ORGANI

FILED

2000 FEB 29 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000003150990--4
-02/29/00--01020--020
*****12.00 *****12.00

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

2. Principal Place of Business	3. Mailing Address
2920 Capital Medical Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State
Zip: 32308 / Country: Leon	Zip / Country

4. FEI Number: 59-1932689 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARD F. DORFF 1415 E. PIEDMONT DR SUITE 1 TALLAHASSEE FL 32308	Name: Richard F. Dorff Street Address (P.O. Box Number is Not Acceptable): 2920 Capital Medical Blvd. City: Tallahassee, FL Zip Code: 32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Richard F. Dorff — Richard F. Dorff
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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*****23.00 *****23.00

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VD NAME: COHEN, STEVEN M. STREET ADDRESS: 300 SOUTH PARK ROAD 4TH FLOOR CITY-ST-ZIP: HOLLYWOOD FL 33021	☐ Delete	TITLE: President/CEO, Director NAME: Edward C. Peddie STREET ADDRESS: 4300 NW 89th Blvd. CITY-ST-ZIP: Gainesville, FL 32605	☒ Change ☐ Addition
TITLE: VCO NAME: SIMPSON, EDWARD F. STREET ADDRESS: 1340 RIDGEWOOD AVENUE CITY-ST-ZIP: HOLLY HILL FL 32117	☐ Delete	TITLE: Vice President, Directo NAME: C...Brooks Stone STREET ADDRESS: 8381 Dix Ellis Trail CITY-ST-ZIP: Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE: PD NAME: DORFF, RICHARD F. STREET ADDRESS: 1415 E. PIEDMONT DRIVE STE 1 CITY-ST-ZIP: TALLAHASSEE FL 32312	☐ Delete	TITLE: President, Director NAME: Richard F. Dorff STREET ADDRESS: 2920 Capital Medical Blvd. CITY-ST-ZIP: Tallahassee, FL 32308	☒ Change ☐ Addition
TITLE: CD NAME: PEDDIE, EDWARD C STREET ADDRESS: 4300 NW 89TH AVE CITY-ST-ZIP: GAINESVILLE FL 32606	☐ Delete	TITLE: President/CEO, Director NAME: 1340 Ridgewood Avenue STREET ADDRESS: Holly Hill, FL 32117 CITY-ST-ZIP: Edward F. Simpson	☒ Change ☐ Addition
TITLE: DVC NAME: MAUK, WILLIAM F JR STREET ADDRESS: 7600 CORPORATE CENTER DR CITY-ST-ZIP: MIAMI FL 33126	☐ Delete	TITLE: President/General Mgr. NAME: Joseph Gregor Director STREET ADDRESS: 5404 Cypress Center Drive CITY-ST-ZIP: Tampa, FL 33609	☒ Change ☐ Addition
TITLE: STD NAME: GREGOR, JOSEPH C STREET ADDRESS: 5404 CYPRESS CENTER DR SUITE CITY-ST-ZIP: TAMPA FL 33609	☐ Delete	TITLE: President/CEO Directo NAME: Jerry Senne STREET ADDRESS: 8247 Devereux Drive, Suite 103 CITY-ST-ZIP: Melbourne FL 32940	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard F. Dorff — Richard F. Dorff President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/99)

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*****26.25 *****26.25