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)

000003150990--4
-02/29/00--01020--019
DATE *****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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COHEN, STEVEN M. 300 SOUTH PARK ROAD 4TH FLOOR HOLLYWOOD FL 33021 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/CEO, Director Edward C. Peddie 4300 NW 89th Blvd. Gainesville, FL 32605 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCO SIMPSON, EDWARD F. 1340 RIDGEWOOD AVENUE HOLLY HILL FL 32117 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Director C...Brooks-Stone 8381 Dix Ellis Trail Jacksonville, FL 32256 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DORFF, RICHARD F. 1415 E. PIEDMONT DRIVE STE 1 TALLAHASSEE FL 32312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Director Richard F. Dorff 2920 Capital Medical Blvd. Tallahassee, FL 32308 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PEDDIE, EDWARD C 4300 NW 89TH AVE GAINESVILLE FL 32606 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/CEO, Director 1340 Ridgewood Avenue Holly Hill, FL 32117 Edward F. Simpson ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC MAUK, WILLIAM F JR 7600 CORPORATE CENTER DR MIAMI FL 33126 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/General Mgr Joseph Gregor Director 5404 Cypress Center Drive Tampa, FL 33609 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GREGOR, JOSEPH C 5404 CYPRESS CENTER DR SUITE TAMPA FL 33609 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/CEO Director Jerry Senne 8247 Devereux Drive, Suite 103 Melbourne FL 32940 ☐ Change ☐ Addition

CR2E037 (9/99)

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 #

100003353021--2
-08/11/00--01004--001
*****26.25 *****26.25