


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90083 028 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 834108</b>					
1. Corporation Name <b>GROUP HEALTH INCORPORATED</b>					
Principal Place of Business 441 9TH AVENUE 8TH FLOOR - LEGAL DEPT. NEW YORK NY 10001 US			Mailing Address 441 9TH AVENUE 8TH FLOOR - LEGAL DEPT. NEW YORK NY 10001 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/02/1975 4. FEI Number 13-5511997 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER CAPITOL BUILDING TALAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>C GILL, JAMES</b> STREET ADDRESS <b>441 NINTH AVENUE</b> CITY-ST-ZIP <b>NEW YORK NY</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>BRANCHINI, FRANK</b> STREET ADDRESS <b>441 9TH AVENUE</b> CITY-ST-ZIP <b>NEW YORK NY</b>			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>MASTRO, WILLIAM</b> STREET ADDRESS <b>441 9TH AVENUE</b> CITY-ST-ZIP <b>NEW YORK NY</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>BRESLAW, JEROME</b> STREET ADDRESS <b>441 9TH AVENUE</b> CITY-ST-ZIP <b>NEW YORK NY</b>			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <b>Breslaw, Jerome</b> 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>ALONGI, SEBASTIAN</b> STREET ADDRESS <b>441 9TH AVENUE</b> CITY-ST-ZIP <b>NEW YORK NY</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS <b>See Addendum</b> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Mastro* 2/3/99  
Date Daytime Phone #

CR2E037-111/98

240351-90683-28  
834108

GROUP HEATH INCORPORATED

FLORIDA NONPROFIT CORPORATION ANNUAL REPORT 1999

Addendum to Block 13: Additional Directors

D  
Ethelyn A. Chase  
441 Ninth Avenue  
New York, New York 10001-1681

D  
Edward J. Cleary  
441 Ninth Avenue  
New York, New York 10001-1681

D  
Daniel F. Donohue  
441 Ninth Avenue  
New York, New York 10001-1681

D  
John Feerick  
441 Ninth Avenue  
New York, New York 10001-1681

D  
Jeffrey Frerichs  
441 Ninth Avenue  
New York, New York 10001-1681

D  
Sal T. Ingrassia  
441 Ninth Avenue  
New York, New York 10001-1681

D  
Willie James  
441 Ninth Avenue  
New York, New York 10001-1681

D  
Howard Jones  
441 Ninth Avenue  
New York, New York 10001-1681

D  
Alan B. Lubin  
441 Ninth Avenue  
New York, New York 10001-1681

D  
Nick Mancuso  
441 Ninth Avenue  
New York, New York 10001-1681

D  
George E. McDonald  
441 Ninth Avenue  
New York, New York 10001-1681

D  
Arthur B. Pepper  
441 Ninth Avenue  
New York, New York 10001-1681

D  
Jay E. Russ  
441 Ninth Avenue  
New York, New York 10001-1681

D  
Bernard Schayes  
441 Ninth Avenue  
New York, New York 10001-1681

D  
E. Donald Shapiro  
441 Ninth Avenue  
New York, New York 10001-1681