# 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

#### FILED DOCUMENT # 834108 1. Entity Name 00 FEB 29 AM 8: 46 GROUP HEALTH INCORPORATED STEDEFARY OF STATE THE CAPACISEE, FLORIDA Principal Place of Business Mailing Address 441 9TH AVENUE 441 9TH AVENUE 8TH FLOOR - LEGAL DEPT. 8TH FLOOR - LEGAL DEPT. NEW YORK NY 10001-1601 NEW YORK NY 10001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 13-5511997 Not Applicable Country \$8,75 Additional Zip 🚓 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent • Name Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition X Change ☐ Delete TITLE C, D NAME GILL, JAMES NAME STREET ADDRESS STREET ADDRESS 441 NINTH AVENUE CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY Addition TITLE ☐ Delete TITLE P, D T Change NAME BRANCHINI, FRANK NAME **800003162198--**-03/08/00--01057--002 STREET ADDRESS STREET ADDRESS 441 9TH AVENUE CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*\*70\_00 \*\*\*\*\*70.00 NEW YORK NY ☐ Delete TITLE Change \_ □ Addition S-\_ -----TITLE D-NAME MASTRO, WILLIAM STREET ADDRESS STREET ADDRESS 441 9TH AVENUE CITY-ST-ZIP CITY-ST-ZIP <u>New York Ny</u> ☐ Change X Addition Delete TITLE TITLE NAME NAME BRESLAW, JEROME Denis M. Hughes STREET ADDRESS STREET ADDRESS 441 9TH AVENUE 441 Ninth Avenue CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY <u>New York, new York 10001</u> Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ALONGI, SEBASTIAN STREET ADDRESS STREET ADDRESS 441 9TH AVENUE CITY-ST-ZIP CITY-ST-7IP NEW YORK NY ☐ Change ☐ Addition TITLE Delete TITLE NAME CLEARY, EDWARD J NAME STREET ADDRESS STREET ADDRESS 441 NINTH AVE CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10001-1681 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

2

### **GROUP HEATH INCORPORATED**

#### FLORIDA UNIFORM BUSINESS REPORT 2000

## Addendum to Block 10: Additional Directors

D
Ethelyn A. Chase
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
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