

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90105 043 \*\*\*150.00

DOCUMENT # 855655

1. Corporation Name

PRUDENTIAL HEALTH CARE PLAN, INC.

Principal Place of Business

56 N LIVINGSTON AVE.  
STOP 418-PHG-HQ  
ROSELAND NJ 07068-1733

Mailing Address

56 N LIVINGSTON AVE.  
STOP 418-PHG-HQ  
ROSELAND NJ 07068-1733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1983

4. FEI Number

74-1844335

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROOKS, ANDREW D.  
2301 LUCIEN WAY #230  
MAITLAND FL 32751

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 607.0502 and 607.1508, 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 607.0505, 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 P ☐ DELETE

NAME CASSITY, JAMES W  
STREET ADDRESS 3 GREENWAY PLAZA  
CITY-ST-ZIP HOUSTON TX 77046

TITLE D ☐ DELETE

NAME MOORE, CAROL ANN PINS  
STREET ADDRESS 6714 REDDING RD.  
CITY-ST-ZIP HOUSTON TX 77036

TITLE V C ☒ DELETE

NAME ALEXANDER, WILLIAM D  
STREET ADDRESS 56 N. LIVINGSTON ROAD  
CITY-ST-ZIP ROSELAND NJ 07068

TITLE T ☐ DELETE

NAME LEE, JOANNE B  
STREET ADDRESS 120 BUCKINGHAM RD  
CITY-ST-ZIP UPPER MONTCLAIR NJ 07043

TITLE S ☐ DELETE

NAME VEAZEY-WATSON, CHRYSTAL  
STREET ADDRESS 69 ORTON ROAD  
CITY-ST-ZIP WEST CALDWELL NJ 07006

TITLE DC ☐ DELETE

NAME SCOTT, GREGORY W  
STREET ADDRESS 56 LIVINGSTON AVE  
CITY-ST-ZIP ROSELAND NJ 07068

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 607, 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:

Chrystal Veazey-Watson, Secretary

4/6/99

Date

973-716-1153

Daytime Phone #

CR2E034 (11/98)