

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**  
 02-01-2002 90046 033 \*\*\*150.00

1.01.2002A A1

**DOCUMENT # 855655**  
 1. Entity Name  
**PRUDENTIAL HEALTH CARE PLAN, INC.**

Principal Place of Business Mailing Address  
**3 GREENWAY PLAZA 151 FARMINGTON AVENUE, W101**  
**HOUSTON TX 77046-0301 HARTFORD CT 06156**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		74-1844335		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND RD.</b> <b>PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, CHARLES T</b>	NAME	
STREET ADDRESS	<b>2777 STEMMONS FWY.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75207</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBB, JOHN JAMES</b>	NAME	
STREET ADDRESS	<b>11675 GREAT OAKS WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ALPHARETTA GA 30022</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, BLAKE WALKER</b>	NAME	
STREET ADDRESS	<b>151 FARMINGTON AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HARTFORD CT 06156</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMYK, DAVID CHARLES</b>	NAME	
STREET ADDRESS	<b>980 JOLLY ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BLUE BELL PA 19422</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINO, GREGORY S</b>	NAME	
STREET ADDRESS	<b>980 JOLLY ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BLUE BELL PA 19422</b>	CITY-ST-ZIP	
TITLE	CA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEYER, JAMES A</b>	NAME	
STREET ADDRESS	<b>151 FARMINGTON AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HARTFORD CT 06156</b>	CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other I like empowered.

**SIGNATURE:** *Blake W. Martin* **Blake W. Martin** 1/11/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)