

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000294

1. Entity Name

MIM Health Plans, Inc.

Principal Place of Business

Mailing Address

FILED

01 APR 27 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

33 North Road

100 Clearbrook Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wakefield, Rhode Island

City & State

Elmsford, New York

Zip

02879

Country

U.S.A.

Zip

10523

Country

U.S.A.

4. FEI Number

05-0477048

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

Name

Street Address (P.O. Box Number) 500004161575--3

05/08/01--01040--023

\*\*\*\*150.00 \*\*\*\*150.00

City

FL

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME Chairman of the Board and C.E.O.  
STREET ADDRESS Richard H. Friedman  
CITY-ST-ZIP 100 Clearbrook Road  
Elmsford, N.Y. 10523 (Officer and Director)

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME Vice President and Secretary  
STREET ADDRESS Barry A. Posner  
CITY-ST-ZIP 100 Clearbrook Road  
Elmsford, N.Y. 10523 (Officer and Director)

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME President  
STREET ADDRESS Recie Bomar  
CITY-ST-ZIP 100 Clearbrook Road  
Elmsford, N.Y. 10523 (Officer)

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME Senior Vice President, Pharmacy  
STREET ADDRESS Rita Marcoux  
CITY-ST-ZIP 33 North Road  
Wakefield, R.I. 02879 (Officer)

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME Senior Vice President, Information  
STREET ADDRESS Russel J. Corvese  
CITY-ST-ZIP 33 North Road  
Wakefield, R.I. 02879 (Officer)

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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(9)(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 like empowered.

SIGNATURE: Barry A. Posner, Vice President and Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2001 914-4160-1100

CR2E034 (11/00)