

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000005603

1. Entity Name

VISTA HEALTH PLAN HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 South Park Road

Suite, Apt. #, etc.

3. Mailing Address

300 South Park Road

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

U.S.

City & State

Hollywood, FL

Zip

33021

Country

U.S.

4. FEI Number

562270228

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Cohen, Gerald M.

Street Address (P.O. Box Number is Not Acceptable)

300 South Park Road

City

Hollywood

FL

Zip Code

33021

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PCD

Scott, Steven M., M.D.

2828 Croasdaile Dr.

Durham, NC 27705

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CEO

Berding, R. Joseph

300 South Park Road

Hollywood, FL 33021

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

600005191006--9

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****158.75 ****158.75

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

Cohen, Gerald M.

300 South Park Road

Hollywood, FL 33021

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

King, Felicia

2828 Croasdaile Dr.

Durham, NC 27705

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST

Joyce, Drew

2828 Croasdaile Dr.

Durham, NC 27705

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD M. COHEN

02/25/02

Date

954-986-6205

Daytime Phone #

CR2E034B (12/01)