

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005603

FILED
Feb 26, 2004
Secretary of State

Entity Name: VISTA HEALTH PLAN HOLDINGS, INC.

Current Principal Place of Business:

300 SOUTH PARK ROAD
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

300 SOUTH PARK ROAD
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 56-2270228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, GERALD M
300 SOUTH PARK ROAD
HOLLYWOOD, FL 33021

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: SCOTT, STEVEN M
Address: 2828 CROASDAILE DRIVE
City-St-Zip: DURHAM, NC

Title: CEO () Delete
Name: BERDING, R. JOSEPH
Address: 300 SOUTH PARK ROAD
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: COHEN, GERALD M
Address: 300 SOUTH PARK ROAD
City-St-Zip: HOLLYWOOD, FL 33021

Title: T () Delete
Name: KING, FELICIA
Address: 2828 CORASDAILE DR.
City-St-Zip: DURHAM, NC 27705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN M SCOTT, MD

PCD

02/26/2004

Electronic Signature of Signing Officer or Director

_____ Date