

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
Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90012 003 ***550.00

DOCUMENT # F94000000883

1. Corporation Name

THE PRINCIPAL/AMERICA'S HEALTH PLAN, INC.

Principal Place of Business

2275 RESEARCH BLVD.
6TH FLOOR
ROCKVILLE MD 20850
US

Mailing Address

2275 RESEARCH BLVD.
6TH FLOOR
ROCKVILLE MD 20850
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1994

4. FEI Number

52-1806976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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
NAME CIRVERA, EDWARD S
STREET ADDRESS 2275 RESEARCH BLVD. 6TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20850

☐ DELETE

TITLE VP
NAME KARADIMAS, SPIRO
STREET ADDRESS 2275 RESEARCH BLVD. 6TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20850

☐ DELETE

TITLE T
NAME BRUNO, S. JOSEPH
STREET ADDRESS 2275 RESEARCH BLVD. 6TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20850

☐ DELETE

TITLE S
NAME JOSEPH M. MOTT, ESQ.
STREET ADDRESS 2275 RESEARCH BLVD. 6TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20850

☐ DELETE

TITLE D
NAME BLAIR, THOMAS
STREET ADDRESS 2275 RESEARCH BLVD. 6TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20850

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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:

Joseph M. Mott, Secretary

4-29-99

301-548-1000

Date

Daytime Phone #

CR2E034 (1/98)