

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # F94000000883**1. Entity Name
THE PRINCIPAL/AMERICA'S HEALTH PLAN, INC.

Principal Place of Business	Mailing Address
2275 RESEARCH BLVD.	2275 RESEARCH BLVD.
6TH FLOOR	6TH FLOOR
ROCKVILLE MD	ROCKVILLE MD
20850 US	20850 US

2. Principal Place of Business
2273 RESEARCH BLVD.3. Mailing Address
2273 RESEARCH BLVD.Suite, Apt. #, etc.
4TH FLOORSuite, Apt. #, etc.
4TH FLOORCity & State
ROCKVILLE MDCity & State
ROCKVILLE MDZip Country
20850 USZip Country
20850 US4. FEI Number
52-1806976

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 AgentCT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION FL
33324 US**7. Name and Address of New Registered Agent**

Name

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

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 _____ **08/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	CIRVERA EDWARD S	
STREET ADDRESS	2275 RESEARCH BLVD. 6TH FLOOR	
CITY-ST-ZIP	ROCKVILLE MD 20850	

TITLE	S	<input type="checkbox"/> Delete
NAME	JOSEPH M. MOTT, ESQ.	
STREET ADDRESS	2275 RESEARCH BLVD. 6TH FLOOR	
CITY-ST-ZIP	ROCKVILLE MD 20850	

TITLE	T	<input type="checkbox"/> Delete
NAME	BRUNO S. JOSEPH	
STREET ADDRESS	2275 RESEARCH BLVD. 6TH FLOOR	
CITY-ST-ZIP	ROCKVILLE MD 20850	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KARADIMAS SPIRO	
STREET ADDRESS	2275 RESEARCH BLVD. 6TH FLOOR	
CITY-ST-ZIP	ROCKVILLE MD 20850	

TITLE	P	<input type="checkbox"/> Delete
NAME	CIRVERA EDWARD S	
STREET ADDRESS	2275 RESEARCH BLVD. 6TH FLOOR	
CITY-ST-ZIP	ROCKVILLE MD 20850	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEITEL DAVID MESQ	
STREET ADDRESS	2273 RESEARCH BLVD. 4TH FLOOR	
CITY-ST-ZIP	ROCKVILLE MD 20850	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTT JOSEPH MESQ	
STREET ADDRESS	2273 RESEARCH BLVD. 4TH FLOOR	
CITY-ST-ZIP	ROCKVILLE MD 20850	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMOND ELIZABETH	
STREET ADDRESS	2273 RESEARCH BLVD. 4TH FLOOR	
CITY-ST-ZIP	ROCKVILLE MD 20850	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARADIMAS SPIRO	
STREET ADDRESS	2273 RESEARCH BLVD. 4TH FLOOR	
CITY-ST-ZIP	ROCKVILLE MD 20850	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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(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 like empowered.

SIGNATURE: JOSEPH MOTT

S

08/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)