FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 17 1997 8:00am
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003260

1. Corporation Name
AMERICAN MEDICAL PLANS, INC.

Principal Place of Business
One Southeast Third Avenue
Suite 2900
Miami, Florida 33131

Mailing Address
same as business address

3. Date Incorporated or Qualified: July 7, 1995
3a. Date of Last Report:

2. Principal Place of Business
21 One Southeast Third Avenue
Suite, Apt. #, etc.
22 2900
City & State
23 Miami, Florida
Zip 24 33131
Country 25 USA

2a. Mailing Address
26 One Southeast Third Avenue
Suite, Apt. #, etc.
27 2900
City & State
28 Miami, Florida
Zip 29 33131
Country 30 USA

4. FEI Number: 65-0592189 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent
Craig M. Dorne, P.A.
One Southeast Third Avenue
Suite 2900
Miami, Florida 33131

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	VP/D	[ ] DELETE
NAME	Alan Dorne	
STREET ADDRESS	One Southeast Third Avenue, Suite 2900	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	C	[ ] DELETE
NAME	Robert N. Elkins	
STREET ADDRESS	One Southeast Third Avenue, Suite 2900	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	D	[ ] DELETE
NAME	Eric Hanson	
STREET ADDRESS	One Southeast Third Avenue, Suite 2900	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	D	[ ] DELETE
NAME	Debora Guthrie	
STREET ADDRESS	One Southeast Third Avenue, Suite 2900	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	P/D	[ ] DELETE
NAME	Mark H. Tabak	
STREET ADDRESS	One Southeast Third Avenue, Suite 2900	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	VP	[ ] DELETE
NAME	Craig M. Dorne	
STREET ADDRESS	One Southeast Third Avenue, Suite 2900	
CITY-ST-ZIP	Miami, Florida 33131	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME	800002214408--5	
1.3 STREET ADDRESS	-06/17/97--01003--023	
1.4 CITY-ST-ZIP	****558.75 ****558.75	
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		

CR2E034 (9/96)

14. I do hereby certify that the annual report applied 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.

SIGNATURE: _____ Craig M. Dorne, Vice President, June 4, 1997, 305/358-8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #