

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90167 043 ***150.00

0668048 AR

DOCUMENT # F97000005959

1. Entity Name
ACCOUNTABLE HEALTH PLANS OF AMERICA, INC.



Principal Place of Business
600 SIX FLAGS DRIVE, SUITE 200
ARLINGTON TX 76011

Mailing Address
3100 AMS BLVD
GREEN BAY WI 54313
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2540180**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GUENGERICH, GARY D 3100 AMS BOULEVARD GREEN BAY WI 54313	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED POLLINGER, LOVIE 600 SIX FLAGS DRIVE, SUITE 200 ARLINGTON TX 76011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, TIMOTHY J 3100 AMS BOULEVARD GREEN BAY WI 54313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MODAFF, JAMES C 3100 AMS BLVD GREEN BAY WI 54313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZIELINSKI, THOMAS G 3100 AMS BLVD GREEN BAY WI 54313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THOMPSON, CHERYL 3100 AMS BLVD GREEN BAY WI 54313	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAPMAN, ROGER A 3100 AMS BLVD GREEN BAY WI 54313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHRISTENSEN, HANS O. 3100 AMS BLVD GREEN BAY WI 54313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PROCHNOW, JAMES E. 3100 AMS BLVD GREEN BAY WI 54313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCMD HERSON, PATRICK D 3100 AMS BLVD GREEN BAY WI 54313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZIELINSKI, THOMAS G 3100 AMS BOULEVARD GREEN BAY WI 54313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAN STRATEN, JULIE A 3100 AMS BLVD GREEN BAY WI 54313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cheryl Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2003

Date

(920) 661-1019

Daytime Phone #

CR2E034 (10/02)

Attachment

80093808

ACCOUNTABLE HEALTH PLANS OF AMERICA, INC.

F97000005959

OFFICERS

President	James C. Modaff 3100 AMS Boulevard Green Bay, WI 54313
Executive Vice President of Operations	Thomas G. Zielinski 3100 AMS Boulevard Green Bay, WI 54313
Senior Vice President of Corporate Affairs, General Counsel & Secretary	Timothy J. Moore 3100 AMS Boulevard Green Bay, WI 54313
Vice President	Roger A. Chapman 3100 AMS Boulevard Green Bay, WI 54313
Vice President	Hans O. Christensen 3100 AMS Boulevard Green Bay, WI 54313
Vice President and Controller, Interim Treasurer & Chief Accounting Officer	James E. Prochnow 3100 AMS Boulevard Green Bay, WI 54313
Vice President and Chief Medical Officer	Patrick B. Herson, M.D. 3100 AMS Boulevard Green Bay, WI 54313
Executive Director	Lovie Pollinger 600 Six Flags Dr., Ste 200 Arlington, TX 76011
Vice President & Assistant Secretary	Julie A. Van Straten 3100 AMS Boulevard Green Bay, WI 54313
Assistant Secretary	Cheryl A. Thomson 3100 AMS Boulevard Green Bay, WI 54313

Attachment

80093808

ACCOUNTABLE HEALTH PLANS OF AMERICA, INC. Pg 7000005959

Assistant Treasurer

Patrick D. O'Connell
3100 AMS Boulevard
Green Bay, WI 54313

DIRECTORS

James C. Modaff
3100 AMS Boulevard
Green Bay, WI 54313

Timothy J. Moore
3100 AMS Boulevard
Green Bay, WI 54313

Roger A. Chapman
3100 AMS Boulevard
Green Bay, WI 54313