FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G80558** **(1)**

1. Corporation Name
HEALTH INCLUSIVE PLAN OF FLORIDA, INC.

Principal Place of Business
7000 W. PALMETTO PARK RD.
SUITE 220
BOCA RATON FL 33433
US

Mailing Address
ATTN: TAX DEPT
P. O. BOX 15309
DURHAM NC 27704
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/12/1983**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **59-2355450** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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 _____ DATE
Signature of president or other officer of registered agent (if this is applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RICHMAN, ANDREW	12 NAME	
STREET ADDRESS	2255 GLADES RD #416A	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SOLNIK, MIKE	22 NAME	
STREET ADDRESS	2255 GLADES RD #416A	23 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	LUCIBELLA, RICHARD	32 NAME	
STREET ADDRESS	2255 GLADES RD., STE. 416	33 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP	
TITLE	VS	41 TITLE	**X** Change ☐ Addition
NAME	BIRCH, WALTER E	42 NAME	
STREET ADDRESS	[illegible]	43 STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY ST ZIP	[illegible]	44 CITY ST ZIP	Ft. Lauderdale, FL 33308
TITLE	VTAS	51 TITLE	**X** Change ☐ Addition
NAME	HARDISTER, SHAWN W	52 NAME	
STREET ADDRESS	[illegible]	53 STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY ST ZIP	[illegible]	54 CITY ST ZIP	Ft. Lauderdale, FL 33308
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	SNEDEKER, ANGELA M	62 NAME	
STREET ADDRESS	2828 CROASDAILE DR.	63 STREET ADDRESS	
CITY ST ZIP	DURHAM NC	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] **Angela M. Snedeker** **4-28-95** **919-383-0355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone number

0000031 CP

G80558

ATTACHMENT

STATE OF FLORIDA
1995 CORPORATION ANNUAL REPORT

HEALTH INCLUSIVE PLAN OF FLORIDA, INC.
DOCUMENT # G80558
FEIN: 59-2355450

ADDITIONAL OFFICERS

TITLE	Director
NAME	Fernando Valverde, M.D.
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	Ft. Lauderdale, FL 33308

TITLE	Director
NAME	Guillermo Salazar
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	Ft. Lauderdale, FL 33308