FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # G80558 (1)

1. Corporation Name

HEALTH INCLUSIVE PLAN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
7000 W. PALMETTO PARK RD. SUITE 220 BOCA RATON FL 33433 US	ATTN: TAX DEPT P. O. BOX 15309 DURHAM NC 27704 US

JAN 19

3. Date Incorporated or Qualified	12/12/1983
3a. Date of Last Report	05/01/1995
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 ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 ATTN: TAX DEPT
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc. P O BOX 740026
23 City & State	28 City & State LOUISVILLE, KY
24 Zip / 25 Country	29 Zip 40201-7426 / 30 Country

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

800001817678
05/13/96--01014--032
***200.00

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	RICHMAN, ANDREW	2255 GLADES RD #416A	BOCA RATON FL	☐ DELETE
D	SOLNIK, MIKE	2255 GLADES RD #416A	BOCA RATON FL	☐ DELETE
PD	LUCIBELLA, RICHARD	2255 GLADES RD., STE. 416	BOCA RATON FL	☐ DELETE
VS	BIRCH, WALTER E	2400 E COMMERCIAL BLVD SUITE 315	FT. LAUDERDALE FL	☐ DELETE
VTAS	HARDISTER, SHAWN W	2400 COMMERCIAL BLVD SUITE 315	FT. LAUDERDALE FL	☐ DELETE
AS	SNEDEKER, ANGELA M	2828 CROASDAILE DR.	DURHAM NC	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
1	P D	SMITH, WAYNE	500 W MAIN	LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
2	SrVP D	CASH, W LARRY	500 W MAIN	LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
3	SrVP D	COUGHLIN, KAREN A	500 W MAIN	LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
4	SrVP D	GARMON, PHILIP B	500 W MAIN	LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
5	SrVP D	LANKFORD, RONALD S., M.D.	500 W MAIN	LOUISVILLE KY 40201-1438	☒ Change ☐ Addition
6	VP	BAUERNFEIND, GEORGE	500 W MAIN	LOUISVILLE KY 40201-1438	☒ Change ☐ Addition

AEB 5-1-96

CR2E034 (12/95)

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)(k), 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: George Bauernfeind VICE PRESIDENT-TAXES APR 29 1996 (502)580-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #