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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
7000 W. PALMETTO PARK RD.
SUITE 220
BOCA RATON FL 33433
US

Mailing Address
ATTN: TAX DEPT
P. O. BOX 740026
LOUISVILLE KY 40201-7426

3. Date Incorporated or Qualified: **12/12/1983**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 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 ☐ 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 _____ (NOTE: Registered Agent signature required when consenting) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	X ☐ Change ☐ Addition
NAME	SMITH, WAYNE		1.2 NAME	WOLF, GREGORY H.	
STREET ADDRESS	500 WEST MAIN STREET		1.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		1.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	SVPD	☐ DELETE	2.1 TITLE	SrVP D	X ☐ Change ☐ Addition
NAME	CASH, W. LARRY		2.2 NAME	McCALLISTER, MICHAEL B.	
STREET ADDRESS	500 WEST MAIN STREET		2.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		2.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	SVPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COUGHLIN, KAREN A		3.2 NAME		
STREET ADDRESS	500 WEST MAIN STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		3.4 CITY-ST-ZIP		
TITLE	SVPD	☐ DELETE	4.1 TITLE	VP	X ☐ Change ☐ Addition
NAME	GARMON, PHILIP B		4.2 NAME	MURRAY, JAMES E.	
STREET ADDRESS	500 WEST MAIN STREET		4.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		4.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	SVPD	☐ DELETE	5.1 TITLE	S	X ☐ Change ☐ Addition
NAME	LANKFORD, RONALD S MD		5.2 NAME	KROGER, JOAN O.	
STREET ADDRESS	500 WEST MAIN STREET		5.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		5.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BAUERNFEIND, GEORGE		6.2 NAME		
STREET ADDRESS	500 WEST MAIN STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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 **GEORGE BAUERNFEIND, V P-TAXES** 4/30/97 **(502)580-1000**