

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2355450	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
		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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, GREGORY	1.2 NAME	
STREET ADDRESS	500 WEST MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	1.4 CITY-ST-ZIP	
TITLE	SVPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALLISTER, MICHAEL B	2.2 NAME	
STREET ADDRESS	500 WEST MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP	
TITLE	SVPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, JAMES E.	4.2 NAME	
STREET ADDRESS	500 WEST MAIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROGER, JOAN O	5.2 NAME	LENAHAN, JOAN O.
STREET ADDRESS	500 WEST MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

14. 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 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** V.P.-TAXES **APR 30 1998** (502)580-1000

CR2E034 (10/97)