

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 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	3. Date Incorporated or Qualified 12/12/1983	4. FEI Number 59-2355450	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		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				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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE WOLF, GREGORY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 WEST MAIN STREET	1.2 NAME	
STREET ADDRESS	LOUISVILLE KY	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE SVPD	<input type="checkbox"/> DELETE MCALLISTER, MICHAEL B	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 WEST MAIN STREET	2.2 NAME	
STREET ADDRESS	LOUISVILLE KY	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SVPD	<input type="checkbox"/> DELETE COUGHLIN, KAREN A	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 WEST MAIN STREET	3.2 NAME	
STREET ADDRESS	LOUISVILLE KY 40201-1438	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE MURRAY, JAMES E.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 WEST MAIN STREET	4.2 NAME	
STREET ADDRESS	LOUISVILLE KY	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE KROGER, JOAN O	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 WEST MAIN STREET	5.2 NAME	LENAHAN, JOAN O.
STREET ADDRESS	LOUISVILLE KY	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE BAUERNFEIND, GEORGE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 WEST MAIN STREET	6.2 NAME	
STREET ADDRESS	LOUISVILLE KY 40201-1438	6.3 STREET ADDRESS	
CITY-ST-ZIP		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* **GEORGE BAUERNFEIND VP-TAXES** **APR 30 1998** (502)580-1000

CR2E034 (10/97)