

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **G81339** (5)

1. Corporation Name

HUMANA HEALTH PLAN OF FLORIDA, INC.



Principal Place of Business

Mailing Address

**500 WEST MAIN STREET
P.O. BOX 740026 ATTN: TAX DEPT.
LOUISVILLE KY 40201-1438**

**500 WEST MAIN STREET
P.O. BOX 740026 ATTN: TAX DEPT.
LOUISVILLE KY 40201-1438**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/30/1984

3a. Date of Last Report

05/01/1995

4. FET Number

61-1046060

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and that applies to 11.

(If FET Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VP	BAUERNFEIND, GEORGE G.	500 WEST MAIN STREET LOUISVILLE KY		☐
VD	CASH, W. LARRY	500 WEST MAIN STREET LOUISVILLE KY		☐
PD	SMITH, WAYNE	500 WEST MAIN STREET LOUISVILLE KY		☐
VD	GARMON, PHILIP B.	500 WEST MAIN STREET LOUISVILLE KY		☐
VP	MACLEOD, BRUCE W	5401 W KENNEDY BLVD., STE 400 TAMPA FL		☐
VP	MCCLELLAN, JERRY L	101 E MAIN ST LOUISVILLE KY		☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	☐	☐

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*****200.00**

5-1-96

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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP-Taxes

APR 20 1996

(222) 580-1000

CR2E034 (12/95)