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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **H29748** **(1)**

OK C.S

1. Corporation Name

CAREFLORIDA, INC.

Changed name on 2/5/96 to: Foundation Health, a South Florida Health Plan, Inc.

Principal Place of Business	Mailing Address
7950 NW 53RD ST. SUITE 300 MIAMI FL 33166	Legal Department 3400 DATA DRIVE RANCHO CORDOVA CA 95670 US

2. Principal Place of Business 21 Same	2a. Mailing Address 26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 11/13/1984	3a. Date of Last Report 07/10/1995
4. FEI Number 59-2466298	☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Same
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 _____ DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENSON, KIRK A.		1.2 NAME		
STREET ADDRESS	3400 DATA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	RANCHO CORDOVA CA		1.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	2.1 TITLE	DP	☐ Change ☒ Addition
NAME	KRIES, LAWRENCE D.		2.2 NAME	Steven B. Griffin	
STREET ADDRESS	7950 N.W. 53RD ST., 3RD FLOOR		2.3 STREET ADDRESS	7950 N.W. 53rd Street, 3rd Floor	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33166	
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ELDER, JEFFREY L		3.2 NAME		
STREET ADDRESS	3400 DATA DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	RANCHO CORDOVA CA		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARABITO, ALLEN J		4.2 NAME		
STREET ADDRESS	3400 DATA DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	RANCHO CORDOVA CA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	AS	☐ Change ☒ Addition
NAME			5.2 NAME	Lisette Currier-Martinez	
STREET ADDRESS			5.3 STREET ADDRESS	7950 N.W. 53rd Street, 3rd Floor	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, FL 33166	
TITLE		☐ DELETE	6.1 TITLE	500001847449	☐ Change ☐ Addition
NAME			6.2 NAME	-06/03/96--01026--015	
STREET ADDRESS			6.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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)(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: _____ 4/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)