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

CORPORATION ANNUAL REPORT
**1995**

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

DOCUMENT # **H84479** **(5)**

1. Corporation Name
**HEALTHPLAN SOUTHEAST, INCORPORATED**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 3:07

| Principal Place of Business | Mailing Address |
|---|---|
| 3520 THOMASVILLE ROAD, SUITE 200<br>TALLAHASSEE FL 32308 | 3520 THOMASVILLE ROAD, SUITE 200<br>TALLAHASSEE FL 32308 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/07/1985
3a. Date of Last Report: 01/24/1994

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

4. FEI Number: 59-2648413 ☐ 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

PENNINGTON, CARL R. JR.
3375-A CAPITAL CIRCLE, NE
SUITE 800
TALLAHASSEE FL 32308

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 _____ 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 | PD | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MAHONEY, JOHN P., MD | 1.2 NAME | | |
| STREET ADDRESS | 1899 EIDER CT. | 1.3 STREET ADDRESS | 806 Ivanhoe Rd. | |
| CITY-ST-ZIP | TALLAHASSEE FL | 1.4 CITY-ST-ZIP | Tallahassee, FL. 32312 | |
| TITLE | D | 2.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | DEEB, AL E. M.D. | 2.2 NAME | Karl Hempel, MD | |
| STREET ADDRESS | 1626 N. PLAZA DR. | 2.3 STREET ADDRESS | 1511 Surgeons Drive | |
| CITY-ST-ZIP | TALLAHASSEE FL | 2.4 CITY-ST-ZIP | Tallahassee, FL. 32308 | |
| TITLE | D | 3.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | COOPER, CHARLES L., M.D. | 3.2 NAME | Sam Moore, MD | |
| STREET ADDRESS | 2414 E. PLAZA D R. | 3.3 STREET ADDRESS | 2420 East Plaza Dr. | |
| CITY-ST-ZIP | TALLAHASSEE FL | 3.4 CITY-ST-ZIP | Tallahassee, FL. 32308 | |
| TITLE | D | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | LONG, WILLIAM M.D. | 4.2 NAME | Frank Walker, MD | |
| STREET ADDRESS | 1401 CENTERVILLE RD.#705 | 4.3 STREET ADDRESS | 1633 Physicians Dr. | |
| CITY-ST-ZIP | TALLAHASSEE FL | 4.4 CITY-ST-ZIP | Tallahassee, FL. 32308 | |
| TITLE | VD | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | SMITH, J. ORSON, M.D. | 5.2 NAME | Greg Bruce, MD | |
| STREET ADDRESS | 1401 CENTERVILLE RD.#400 | 5.3 STREET ADDRESS | 520 North Macarthur Ave. | |
| CITY-ST-ZIP | TALLAHASSEE FL | 5.4 CITY-ST-ZIP | Panama City, FL. 32401 | |
| TITLE | D | 6.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | JUDELLE, JESSE L., M.D. | 6.2 NAME | Bill Kepper, MD | |
| STREET ADDRESS | 1401 CENTERVILLE RD.#800 | 6.3 STREET ADDRESS | 1885 Professional Park Suite 30 | |
| CITY-ST-ZIP | TALLAHASSEE FL | 6.4 CITY-ST-ZIP | Tallahassee, FL. 32308 | |

14. I do hereby certify that the information appearing 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 added to the report with an address.

**SIGNATURE:** _____ 1/18/95 (904) 668-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John P. Mahoney

0027112 CP

**HEALTHPLAN SOUTHEAST, INCORPORATED**
**3520 Thomasville, Road, Suite 200**
**Tallahassee, FL 32308**

**Annual Report - 1995**

Item # 12 - Continued

| NAME | TITLE | ADDRESS | CITY & STATE |
|---|---|---|---|
| Terence P. McCoy, MD | D | 1636 North Plaza Dr. | Tallahassee, FL 32308 |
| Francis Skilling, Jr., MD | D | 2819 Capital Medical | Tallahassee, FL 32308 |
| Robert Snyder, MD | D | 1511 Surgeons Drive Suite B | Tallahassee, FL 32308 |