

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 # H84479 (5)

1. Corporation Name

HEALTHPLAN SOUTHEAST, INCORPORATED

Principal Place of Business

3520 THOMASVILLE ROAD, SUITE 200  
TALLAHASSEE FL 32308

Mailing Address

3520 THOMASVILLE ROAD, SUITE 200  
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified  
11/07/1985

3a. Date of Last Report  
02/02/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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)

83 215 S. MONROE STREET

84 City TALLAHASSEE

FL

85 Zip Code

32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MAHONEY, JOHN P., MD  
STREET ADDRESS 806 IVANHOE RD  
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

TITLE D  
NAME HAMPEL, M.D. K  
STREET ADDRESS 1511 SURGEONS DRIVE  
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE D  
NAME MOORER, M.D. S  
STREET ADDRESS 2420 EAST PLAZA DR.  
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE D  
NAME WALKER, M.D. F  
STREET ADDRESS 1833 PHYSICIANS DR.  
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE D  
NAME BRUCE, M.D. G  
STREET ADDRESS 520 NORTH MACARTHUR AVE.  
CITY-ST-ZIP PANAMA CITY FL ☐ DELETE

TITLE D  
NAME KEPPER, M.D. B  
STREET ADDRESS 1885 PROFESSIONAL PARK SUITE 30  
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.C.  
1.2 NAME TERENCE P. McCoy MD  
1.3 STREET ADDRESS 2412 WEST PLAZA DRIVE  
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Change ☒ Addition

2.1 TITLE D  
2.2 NAME HEMPEL, M.D. KARL  
2.3 STREET ADDRESS 1511 SURGEONS DRIVE, SUITE A  
2.4 CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ Change ☐ Addition

3.1 TITLE D.V.C.  
3.2 NAME AL E. DEEB, M.D.  
3.3 STREET ADDRESS 1626 N PLAZA DRIVE  
3.4 CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Change ☒ Addition

4.1 TITLE D.S.  
4.2 NAME FRANCIS SKILLING, JR., M.D.  
4.3 STREET ADDRESS 2819 CAPITAL MEDICAL BLVD  
4.4 CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Change ☒ Addition

5.1 TITLE D  
5.2 NAME R.D. SNYDER, M.D.  
5.3 STREET ADDRESS 1511 SURGEONS DRIVE, SUITE B  
5.4 CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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

Date

Daytime Phone

4-29-96

904-668-3000

CR2E034 (12/95)