

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32308-3469
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1985	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2646413		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PENNINGTON, CARL R. JR. 3375 A CAPITAL CIRCLE, NE 215 S. MONROE ST TALLAHASSEE FL 32301		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	DC	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	TERENCE P MCCOY MD		1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2412 WEST PLAZA DRIVE		1.2 NAME	ARTHUR A. CARLSON	
CITY - ST - ZIP	TALLAHASSEE FL		1.3 STREET ADDRESS	3520 THOMASVILLE RD, SUITE 200	
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	TALLAHASSEE, FL 32308	
NAME	HEMPEL, MD C		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1511 SURGEONS DRIVE, SUITE A		2.2 NAME	EDWIN S. PONT, MD	
CITY - ST - ZIP	TALLAHASSEE FL		2.3 STREET ADDRESS	3520 THOMASVILLE RD, SUITE 200	
TITLE	D	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	TALLAHASSEE, FL 32308	
NAME	MOORER, M.D. S		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2420 EAST PLAZA DR.		3.2 NAME	WILLIAM E. PRICE, MD	
CITY - ST - ZIP	TALLAHASSEE FL		3.3 STREET ADDRESS	3520 THOMASVILLE RD, SUITE 200	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	TALLAHASSEE, FL 32308	
NAME	WALKER, M.D. F		4.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1633 PHYSICIANS DR.		4.2 NAME	DEBORAH L. REDD	
CITY - ST - ZIP	TALLAHASSEE FL		4.3 STREET ADDRESS	3520 THOMASVILLE RD, SUITE 200	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	TALLAHASSEE, FL 32308	
NAME	BRUCE, M.D. G		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	520 NORTH MACARTHUR AVE.		5.2 NAME	WARREN E. ROSS, MD	
CITY - ST - ZIP	PANAMA CITY FL		5.3 STREET ADDRESS	2515 NW 22ND TERRACE	
TITLE	D	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	GAINESVILLE, FL 32605	
NAME	KEPPER, M.D. B		6.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1885 PROFESSIONAL PARK SUITE 30		6.2 NAME	FRANCIS C. SKILLING MD	
CITY - ST - ZIP	TALLAHASSEE FL		6.3 STREET ADDRESS	2819 CAPITAL MEDICAL BLVD	
			6.4 CITY - ST - ZIP	TALLAHASSEE, FL 32308	

14. I do 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: *Deborah L. Redd* REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4-23-97 Daytime Phone #: 904-668-3000

CR2E034 (9/96)



MEMO

DATE: April 24 1997
TO: Division of Corporations - Corporation Filing
FROM: Taff Collette, ext. 605 *Taff Collette*
SUBJECT: Additional name for Healthplan Southeast Directors

The following named individual should be added as a Director to our Board of Directors:

D - C. Marion Butler, Jr.
3520 Thomasville Road, Suite 200
Tallahassee, FL 32308
(904) 668-3000

There was not enough space on the form provided. If you have any questions, or need additional information, please feel free to call me.