

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/07/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2648413</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>PENNINGTON, CARL R. JR. 215 S. MONROE ST. 2ND FLOOR TALLAHASSEE FL 32301</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>→ D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARLSON, ARTHUR R.</b>	1.2 NAME	<b>JOE SHARP</b>
STREET ADDRESS	<b>3520 THOMASVILLE RD., STE. 200</b>	1.3 STREET ADDRESS	<b>3520 THOMASVILLE RD, SUITE 200</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>→ D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PONT, EDWIN S. M.D.</b>	2.2 NAME	<b>ROBERT A. WYCHULIS</b>
STREET ADDRESS	<b>3520 THOMASVILLE RD., STE. 200</b>	2.3 STREET ADDRESS	<b>3520 THOMASVILLE RD, SUITE 200</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>→ DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOORER, M.D. S</b>	3.2 NAME	<b>FRANCIS C. SKILLING, JR., M.D.</b>
STREET ADDRESS	<b>2420 EAST PLAZA DR.</b>	3.3 STREET ADDRESS	<b>3520 THOMASVILLE RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	<b>SUITE 200</b>
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>→ DP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REDD, DEBORAH L.</b>	4.2 NAME	<b>BERTRAM E. WALLS MD</b>
STREET ADDRESS	<b>3520 THOMASVILLE RD., STE. 200</b>	4.3 STREET ADDRESS	<b>3520 THOMASVILLE RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	<b>SUITE 200</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSS, WARREN E. M.D.</b>	5.2 NAME	
STREET ADDRESS	<b>2515 NE 22ND TERRACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEPPER, M.D. B</b>	6.2 NAME	
STREET ADDRESS	<b>1885 PROFESSIONAL PARK SUITE 30</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE

*(ARTHUR R. CARLSON)* 4-27-98 850-668-3000

CR2E034 (10/97)