

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90043 022 \*\*\*150.00

DOCUMENT # H84479

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

3. Date Incorporated or Qualified

11/07/1985

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | DT                              | <input type="checkbox"/> DELETE            |
| NAME           | CARLSON, ARTHUR R.              |  |
| STREET ADDRESS | 3520 THOMASVILLE RD., STE. 200  |  |
| CITY-ST-ZIP    | TALLAHASSEE FL                  |  |
| TITLE          | D                               | <input type="checkbox"/> DELETE            |
| NAME           | PONT, EDWIN S. M.D.             |  |
| STREET ADDRESS | 3520 THOMASVILLE RD., STE. 200  |  |
| CITY-ST-ZIP    | TALLAHASSEE FL                  |  |
| TITLE          | D                               | <input checked="" type="checkbox"/> DELETE |
| NAME           | SHARP, JOE                      |  |
| STREET ADDRESS | 3520 THOMASVILLE RD., STE. 200  |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32308            |  |
| TITLE          | D                               | <input type="checkbox"/> DELETE            |
| NAME           | WYCHULIS, ROBERT A              |  |
| STREET ADDRESS | 3520 THOMASVILLE RD., STE. 200  |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32308            |  |
| TITLE          | D                               | <input checked="" type="checkbox"/> DELETE |
| NAME           | ROSS, WARREN E. M.D.            |  |
| STREET ADDRESS | 2515 NE 22ND TERRACE            |  |
| CITY-ST-ZIP    | GAINESVILLE FL                  |  |
| TITLE          | D                               | <input type="checkbox"/> DELETE            |
| NAME           | KEPPER, M.D. B                  |  |
| STREET ADDRESS | 1885 PROFESSIONAL PARK SUITE 30 |  |
| CITY-ST-ZIP    | TALLAHASSEE FL                  |  |

|                    |    |                            |                                 |  |
|--------------------|----|----------------------------|---------------------------------|--|
| 1.1 TITLE          | DS | FRANCIS C. SKILING, JR. MD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           |    | 3520 THOMASVILLE RD        |                                 |  |
| 1.3 STREET ADDRESS |    | SUITE 200                  |                                 |  |
| 1.4 CITY-ST-ZIP    |    | TALLAHASSEE FL 32308       |                                 |  |
| 2.1 TITLE          | PC | STEVEN M. SCOTT, MD        | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           |    | 3520 THOMASVILLE RD        |                                 |  |
| 2.3 STREET ADDRESS |    | SUITE 200                  |                                 |  |
| 2.4 CITY-ST-ZIP    |    | TALLAHASSEE FL 32308       |                                 |  |
| 3.1 TITLE          |    |                            | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 3.2 NAME           |    |                            |                                 |  |
| 3.3 STREET ADDRESS |    |                            |                                 |  |
| 3.4 CITY-ST-ZIP    |    |                            |                                 |  |
| 4.1 TITLE          |    |                            | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 4.2 NAME           |    |                            |                                 |  |
| 4.3 STREET ADDRESS |    |                            |                                 |  |
| 4.4 CITY-ST-ZIP    |    |                            |                                 |  |
| 5.1 TITLE          |    |                            | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 5.2 NAME           |    |                            |                                 |  |
| 5.3 STREET ADDRESS |    |                            |                                 |  |
| 5.4 CITY-ST-ZIP    |    |                            |                                 |  |
| 6.1 TITLE          |    |                            | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 6.2 NAME           |    |                            |                                 |  |
| 6.3 STREET ADDRESS |    |                            |                                 |  |
| 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 on an attachment with an address, with all other like empowered.

SIGNATURE

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

205-99

850-668-3000

CR2E034 (11/98)