

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H84479

1. Entity Name

HEALTHPLAN SOUTHEAST, INCORPORATED

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90083 033 ***150.00

Principal Place of Business

Mailing Address

3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE FL 32308

3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE FL 32308-3469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2648413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

CARL R. PENNINGTON

Street Address (P.O. Box Number is Not Acceptable)

ATTORNEY AT LAW

215 S. MONROE ST., SUITE 200

City

TALLAHASSEE

FL

Zip Code

32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

for CARL R. Pennington

(NOTE: Registered Agent signature required when reinstating)

DATE

05/25/00

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DT ☐ Delete
NAME CARLSON, ARTHUR R.
STREET ADDRESS 3520 THOMASVILLE RD., STE. 200
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME PONT, EDWIN S. M.D.
STREET ADDRESS 3520 THOMASVILLE RD., STE. 200
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME SKILLING, JR., FRANCIS C M.D.
STREET ADDRESS 3520 THOMASVILLE RD., STE. 200
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WYCHULIS, ROBERT A
STREET ADDRESS 3520 THOMASVILLE RD., STE. 200
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PC ☐ Delete
NAME SCOTT, STEVEN M M.D.
STREET ADDRESS 2515 NE 22ND TERRACE
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/00

Date

668-3000

Daytime Phone #

CR2E034 (9/99)