

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H84479**

1. Entity Name

**HEALTHPLAN SOUTHEAST, INCORPORATED**

FILED

02 MAR 12 PM 3:55

Principal Place of Business

3520 THOMASVILLE ROAD, SUITE 200  
TALLAHASSEE FL 32308

Mailing Address

3520 THOMASVILLE ROAD, SUITE 200  
TALLAHASSEE FL 32308

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PENNINGTON, CARL R**  
**215 S. MONROE ST., STE 200**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

900005190989--4

-04/04/02-01022-019

\*\*\*\*158.75 \*\*\*\*158.75

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **COO** ☒ Change ☐ Addition  
NAME **Carlson, Arthur R.**  
STREET ADDRESS **3520 Thomasville Rd., Suite 200**  
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **AT** ☐ Change ☒ Addition  
NAME **King, Felicia**  
STREET ADDRESS **2828 Croasdaile Dr.**  
CITY-ST-ZIP **Durham, NC 27705**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Wychulis, Robert A.**  
STREET ADDRESS **3520 Thomasville Rd., Suite 200**  
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **CD** ☒ Change ☐ Addition  
NAME **Scott, Steven M., M.D.**  
STREET ADDRESS **2828 Croasdaile Dr.**  
CITY-ST-ZIP **Durham, NC 27705**

TITLE **S** ☐ Change ☒ Addition  
NAME **Cohen, Gerald M.**  
STREET ADDRESS **300 South Park Road**  
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **ATCFO** ☐ Change ☒ Addition  
NAME **Corcoran, Mark**  
STREET ADDRESS **3520 Thomasville Rd., Suite 200**  
CITY-ST-ZIP **Tallahassee, FL 32303**

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 of 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 another like empowered.

SIGNATURE:

**GERALD M. COHEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

0043557 AV