

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 21 AM 9:40

DOCUMENT # **J25733** (3)

1. Corporation Name  
**FLORIDA HEALTH PLANS, INC.**

Principal Place of Business Mailing Address  
**3030 N. ROCKY PT. DR. W. #750 TAMPA FL 33607-5907**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/25/1986** 3a. Date of Last Report **02/19/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 25 29 30

4. FEI Number **59-2725016** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LAWRENCE, LEE  
3030 N. ROCKY PT. DR. W., #750  
TAMPA FL 33607**

10. Name and Address of New Registered Agent  
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	HILLENMEYER, JOHN
STREET ADDRESS	1414 KUHLE AVE.
CITY-ST-ZIP	ORLANDO FL
TITLE	VCPT
NAME	LAWRENCE, LEE
STREET ADDRESS	3030 NORTH ROCKY POINT DRIVE W. STE. 750
CITY-ST-ZIP	TAMPA FL
TITLE	SCO
NAME	GRADY, J. ROBERT
STREET ADDRESS	3030 N ROCKY PT DR W 750
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	VICKERY, JAMES F.
STREET ADDRESS	1717 NORTH 'E' ST. STE. 320
CITY-ST-ZIP	PENSACOLA FL
TITLE	PCEO
NAME	BYRON, WILLIAM J.
STREET ADDRESS	FLAGLER DRIVE AT PALM BEACH LAKE BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	P
NAME	STEIN, NORMAN
STREET ADDRESS	3100 EAST FLETCHER AVE.
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

*see attached*

*(Handwritten signature/initials)*

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 or an addendum.

SIGNATURE: *Lee Lawrence* DATE: *1-27-95* *813/281-1080*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Health Plans, Inc. Board

---

Chairman

D

James R. Nathan  
President  
LEE MEMORIAL HOSPITAL  
2776 Cleveland Avenue  
Fort Myers, Florida 33901  
Telephone: (813) 334-5211

Secretary/  
Treasurer

D

Ron R. Rees  
Administrator & CEO  
HALIFAX MEDICAL CENTER  
303 North Clyde Morris Boulevard  
Daytona Beach, Florida 32114  
Telephone: (904) 254-4065

President

D

Lee Lawrence  
President  
VHA of Florida, Inc.  
3030 North Rocky Point Drive West - #750  
Tampa, Florida 33607  
Telephone: (813) 281-1080

D

Michael D. Means  
President  
HOLMES REGIONAL MEDICAL CENTER, INC.  
1350 South Hickory Street  
Melbourne, Florida 32901  
Telephone: (407) 676-7161

D

Richmond M. Harman  
Chief Executive Officer  
MARTIN MEMORIAL HEALTH SYSTEMS, INC.  
300 Hospital Drive  
Stuart, Florida 34994  
Telephone: (407) 288-5801

D

John Hillenmeyer  
Sr. Vice President/COO  
ORLANDO REGIONAL HEALTHCARE SYSTEM  
1414 Kuhl Avenue  
Orlando, Florida 32806  
Telephone: (407) 841-5203

D

Norman V. Stein  
President  
UNIVERSITY COMMUNITY HOSPITAL, INC.  
3100 East Fletcher Avenue  
Tampa, Florida 33613  
Telephone: (813) 972-7203

D

J. Robert Grady  
Vice President  
VHA of Florida, Inc.  
3030 North Rocky Point Drive West - #750  
Tampa, Florida 33607  
Telephone: (813) 281-1080