

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

**3030 N. ROCKY PT. DR. W. #750
TAMPA FL 33607-5907**

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**LAWRENCE, LEE
3030 N. ROCKY PT. DR. W., #750
TAMPA FL 33607**

3. Date Incorporated or Qualified

07/25/1986

3a. Date of Last Report

02/21/1995

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

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Print Name of Registered Agent Signatory responsible when registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HILLENMEYER, JOHN	
STREET ADDRESS	1414 KUHL AVE.	
CITY, ST, ZIP	ORLANDO FL	
TITLE	VCPT	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, LEE	
STREET ADDRESS	3030 NORTH ROCKY POINT DRIVE W. STE. 750	
CITY, ST, ZIP	TAMPA FL	
TITLE	SCO	<input checked="" type="checkbox"/> DELETE
NAME	GRADY, J. ROBERT	
STREET ADDRESS	3030 N ROCKY PT DR W 750	
CITY, ST, ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REES, RON R.	
STREET ADDRESS	303 NORTH CLYDE MORRIS BLVD	
CITY, ST, ZIP	DAYTONA BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NATHAN, JAMES R.	
STREET ADDRESS	2776 CLEVELAND AVE	
CITY, ST, ZIP	FT. MYERS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STEIN, NORMAN	
STREET ADDRESS	3100 EAST FLETCHER AVE.	
CITY, ST, ZIP	TAMPA FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

SEE ATTACHED

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X *Lee Lawrence*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lee Lawrence, President

01/29/96

813/281-1080

CR2E034 (12/95)

Florida Health Plans, Inc. Board

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LEE MEMORIAL HEALTH SYSTEM
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President & CEO
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Telephone: (813) 281-1080

VHA-FL DB
01/22/96
s