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Mar 13 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 33607-5982

3. Date Incorporated or Qualified **07/25/1986** 3a. Date of Last Report **02/14/1996**
 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

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

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C/D	<input type="checkbox"/> DELETE
NAME	NATHAN, JAMES R.	
STREET ADDRESS	2776 CLEVELAND AVE	Correct
CITY-ST-ZIP	FT MYERS FL	
TITLE	VC/D	<input type="checkbox"/> DELETE
NAME	REES, RON R.	
STREET ADDRESS	303 NORTH CLYDE MORRIS BLVD	Correct
CITY-ST-ZIP	DATONA BCH FL	
TITLE	ST/D	<input type="checkbox"/> DELETE
NAME	MEANS, MICHAEL D.	
STREET ADDRESS	7347 DEVEREAUX DR, #103	Correct
CITY-ST-ZIP	MELBOURNE FL	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	LAWRENCE, LEE	
STREET ADDRESS	3030 NORTH ROCKY POINT DRIVE WEST, #750	Correct
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, ROBERT B.	
STREET ADDRESS	2815 SOUTH SEACREST BLVD	Correct
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	READ, LARRY J.	
STREET ADDRESS	4201 BELFORT ROAD	Correct
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	1.1 C/D	Change
2.1 TITLE	1.2 Nathan, James R.	tion
2.2 NAME	1.3 2776 Cleveland Avenue	
2.3 STREET ADDRESS	1.4 Fort Myers, Florida 33901	
2.4 CITY-ST-ZIP	2.1 VC/D	Change
3.1 TITLE	2.2 Rees, Ron R.	tion
3.2 NAME	2.3 111 North Frederick Avenue	
3.3 STREET ADDRESS	2.4 Daytona Beach, Florida 3214-3414	
3.4 CITY-ST-ZIP	3.1 P/D	Change
4.1 TITLE	3.2 Lawrence, Lee	tion
4.2 NAME	3.3 3030 N Rocky Pt Dr W - #750	
4.3 STREET ADDRESS	3.4 Tampa, Florida 33607	
4.4 CITY-ST-ZIP	4.1 ST/D	Change
5.1 TITLE	4.2 Means, Michael D.	tion
5.2 NAME	4.3 8249 Devereux Drive	
5.3 STREET ADDRESS	4.4 Melbourne, Florida 32940	
5.4 CITY-ST-ZIP	5.1 PLUS DIRECTORS ON ATTACHED LIST	Addition
5.5 TITLE		tion
5.6 NAME		
5.7 STREET ADDRESS		
5.8 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Lawrence* President Date: 1/30/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)

Florida Health Plans, Inc. Board of Directors

1/29/97

Chairman

James R. Nathan
President
LEE MEMORIAL HEALTH SYSTEM
2776 Cleveland Avenue
Fort Myers, FL 33901
Phone (941) 334-5211
FAX (941) 334-5276

Vice Chairman

Ron R. Rees
President & CEO
HALIFAX COMMUNITY HEALTH SYSTEM
111 N. Frederick Avenue
Daytona Beach, FL 3214-3414
Phone (904) 254-4065
FAX (904) 254-4336

President

Lee Lawrence
President
VHA OF FLORIDA, INC.
3030 North Rocky Point Drive West - #750
Tampa, FL 33607
Phone (813) 281-1080
FAX (813) 281-1173

Secretary/Treasurer

Michael D. Means
President/CEO
HEALTH FIRST, INC.
8247 Devereux Drive - #103
Melbourne, FL 32940
Phone (407) 953-5650
FAX (407) 953-5615

Robert B. Hill
President
BETHESDA HEALTHCARE SYSTEM
2815 South Seacrest Boulevard
Boynton Beach, FL 33435
Phone (561) 737-7733 Ext 4401
FAX (561) 737-4534

John Hillenmeyer
President
ORLANDO REGIONAL HEALTHCARE SYSTEM
1414 Kuhl Avenue
Orlando, FL 32806
Phone (407) 841-5203
FAX (407) 237-6328

J. Larry Read
President
ST. LUKE'S HOSPITAL
4201 Belfort Road
Jacksonville, FL 32216
Phone (904) 296-3775
FAX (904) 296-4698

Norman V. Stein
President
UNIVERSITY COMMUNITY HOSPITAL, INC.
3100 East Fletcher Avenue
Tampa, FL 33613
Phone (813) 972-7203
FAX (813) 979-7313

J. Robert Grady
Senior Vice President
VHA OF FLORIDA, INC.
3030 North Rocky Point Drive West - #750
Tampa, FL 33607
Phone (813) 281-1080
FAX (813) 281-1173