

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J25733 (3)
 1. Corporation Name
FLORIDA HEALTH PLANS, INC.

Principal Place of Business 3030 N. ROCKY PT. DR. W. #750 TAMPA FL 33607-5807	Mailing Address 3030 N. ROCKY PT. DR. W. #750 TAMPA FL 33607-5807
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/25/1986	
21		26		4. FEI Number 59-2725016	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		
Zip		Zip			
Country		Country			

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAWRENCE, LEE 3030 N. ROCKY PT. DR. W., #750 TAMPA FL 33607				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary/Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATHAN, JAMES R.	1.2 NAME	Stein, Norman.
STREET ADDRESS	2776 CLEVELAND AVE	1.3 STREET ADDRESS	3100 E. Fletcher Avenue
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Tampa, FL 33613
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	Chairman/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REES, RON R.	2.2 NAME	Rees, Ron R.
STREET ADDRESS	111 NORTH FREDERICK AVENUE	2.3 STREET ADDRESS	1041 Dunlinton Avenue, Suite 250
CITY-ST-ZIP	DATONA BCH FL 14	2.4 CITY-ST-ZIP	POrt Orange, FL 32127
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	Vice Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANS, MICHAEL D.	3.2 NAME	Means, Michael D.
STREET ADDRESS	8249 DEVEREUX DRIVE	3.3 STREET ADDRESS	8249 Devereux Drive
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32940-7955
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE, LEE	4.2 NAME	Wolff, Ronald V.
STREET ADDRESS	3030 NORTH ROCKY POINT DRIVE WEST, #750	4.3 STREET ADDRESS	615 N. Banta Avenue
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Pandora City, FL 32401
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, ROBERT B.	5.2 NAME	Hillenmeyer, John
STREET ADDRESS	2815 SOUTH SEACREST BLVD	5.3 STREET ADDRESS	1414 Kuhl Avenue
CITY-ST-ZIP	BOYNTON BCH FL	5.4 CITY-ST-ZIP	Orlando, FL 32806-2093
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	READ, LARRY J.	6.2 NAME	Grady, J. Robert
STREET ADDRESS	4201 BELFORT ROAD	6.3 STREET ADDRESS	3030 North Rocky Pt. Dr. W. - #750
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Tampa, FL 33607

14. 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 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 _____ DATE **2-6-98**

CR2E034 (10/97)