


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

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90012 010 \*\*\*158.75

0387549

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J25733**

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



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

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 owes the current year intangible Personal Property Tax:  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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, NORMDUR	1.2 NAME	
STREET ADDRESS	3100 E FLETCHER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REES, RON R.	2.2 NAME	
STREET ADDRESS	1041 DUNLADOTON AVE #250	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT ORANGE FL 32127	2.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANS, MICHAEL D.	3.2 NAME	
STREET ADDRESS	8249 DEVEREUX DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, LEE	4.2 NAME	
STREET ADDRESS	3030 NORTH ROCKY POINT DRIVE WEST, #750	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, ROBERT B.	5.2 NAME	
STREET ADDRESS	2815 SOUTH SEACREST BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADY, J ROBERT	6.2 NAME	
STREET ADDRESS	3030 N ROCKY PT DR W #750	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	6.4 CITY-ST-ZIP	

*See attached*

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, with all other like empowered.

SIGNATURE: LEE LAWRENCE, PRES 1/7/99 832818300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

Florida Health Plans, Inc. Board of Directors

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90012 010 \*\*\*158.75

**Chairman**

*DC#*  
Ron R. Rees  
President & CEO  
HALIFAX COM  
1041 Dunlawton  
Port Orange, FL  
Phone (904) 322-4771  
FAX (904) 322-4772

**Vice Chairman**

Michael D. Means  
President/CEO  
HEALTH FIRST, INC.  
8249 Devereux Drive  
Melbourne, FL 32940-7955  
Phone (407) 953-5650  
FAX

**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**

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

James F. Vickery  
President & CEO  
BAPTIST HEALTH CARE  
Post Office Box 17500  
Pensacola, FL 32522  
Phone (850) 469-2345  
FAX (850) 434-4841

*addition*

Ronald V. Wolff  
President & CEO  
BAY MEDICAL CENTER  
615 North Bonita Avenue  
Panama City, FL 32401  
Phone (850) 747-6045  
FAX (850) 763-8827

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

Florida Health Plans, Inc. Board of Directors

---

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90012 010 \*\*\*158.75

Jack T. Stephen  
President & CEO  
LAKELAND REGIONAL  
Post Office Box  
Lakeland, FL 33801

Phone (941) 687-1295  
FAX (941) 687-1214

John Hillenmeyer  
President/CEO  
ORLANDO REGIONAL HEALTHCARE SYSTEM  
1414 Kuhl Avenue  
Orlando, FL 32806-2093

Phone (407) 841-5203  
FAX (407) 237-6328

J. Robert Grady  
Vice President  
VHA OF FLORIDA, INC.  
3030 North Rocky Point Drive West - #750  
Tampa, FL 33607

Phone (813) 281-1080  
FAX (813) 281-1173