## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 14, 2001 8:00 am Secretary of State **DOCUMENT # J25733** FLORIDA HEALTH PLANS, INC. 04-14-2001 90043 006 \*\*\*158.75 Mailing Address Principal Place of Business 3030 N.ROCKY PT.DR.,W.#750 3030 N.ROCKY PT.DR., W.#750 TAMPA FL 33607-5907 TAMPA FL 33607-5907 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2725016 Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAWRENCE, LEE Street Address (P.O. Box Number is Not Acceptable) 3030 N. ROCKY PT. DR. W., #750 TAMPA FL 33607 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATÉ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition STD Delete TITLE TITLE STEIN. NORMDUR NAME NAME STREET ADDRESS STREET ADDRESS 3100 E FLETCHER AVE CITY-ST-ZIF CITY-ST-7IP **TAMPA FL 33613** Change ■ Addition ☐ Delete TITLE TITLE NAME REES, RON R. NAME STREET ADDRESS STREET ADDRESS 1041 DUNLDOTON AVE #250 CITY-ST-ZIP CITY-ST-7IP PT ORANGE FL 32127 ☐ Change Addition Addition TITLE ☐ Delete TITLE ÑAME MEANS, MICHAEL D. NAME: STREET ADDRESS STREET ADDRESS 8249 DEVEREUX DRIVE CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940 ☐ Change ☐ Addition TITLE Defete TITLE LAWRENCE, LEE NAME NAME 3030 NORTH ROCKY POINT DRIVE WEST, #750 STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TAMPA FL П Спапае ☐ Addition □ Delete TITLE HILL, ROBERT B. NAME NAME STREET ADDRESS 2815 SOLOTH SEACREST BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTÓN BCH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE GRADY, J ROBERT NAME NAME STREET ADDRESS 3630 N ROCKY PT DR W #750 DDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.01

Date

Daytime Phone #

Doc. # Jas-733

## da Health Plans, Inc. Board of Directors

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1airman

ary/Treasurer

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