

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90043 006 ***158.75

DOCUMENT # J25733

1. Entity 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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2725016** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LAWRENCE, LEE
 3030 N. ROCKY PT. DR. W., #750
 TAMPA FL 33607**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEIN, NORMDUR 3100 E FLETCHER AVE TAMPA FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REES, RON R. 1041 DUNLTON AVE #250 PT ORANGE FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MEANS, MICHAEL D. 8249 DEVEREUX DRIVE MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWRENCE, LEE 3030 NORTH ROCKY POINT DRIVE WEST, #750 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, ROBERT B. 2815 SOUTH SEACREST BLVD BOYNTON BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, J ROBERT 3030 N ROCKY PT DR W #750 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lawrence, Lee* **Lawrence, Lee** **4.10.01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
A018795

Doc. # J25733

da Health Plans, Inc. Board of Directors

man

Ron R. Rees
President & CEO
HALIFAX COMMUNITY HEALTH SYSTEM
1041 Dunlawton Avenue - #250
Port Orange, FL 32127
Phone (904) 322-4771
FAX (904) 322-4772

Chairman

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

nt

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

ary/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
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Phone (850) 469-2345
FAX (850) 434-4841

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

Attachment

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Jack T. Stephens
President & CEO
LAKELAND REGIONAL MEDICAL CENTER
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John Hillenmeyer
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