

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90051 038 \*\*\*158.75

MAILED  
AV

**DOCUMENT # J25733**

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

Principal Place of Business <b>3030 N. ROCKY PT. DR. W. #750 TAMPA FL 33607-5907</b>	Mailing Address <b>3030 N. ROCKY PT. DR. W. #750 TAMPA FL 33607-5907</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4211 W. BOY SCOUT BLVD</b>	3. Mailing Address <b>4211 W. BOY SCOUT BLVD.</b>
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Suite, Apt. #, etc. <b>#750</b>	Suite, Apt. #, etc. <b>#750</b>
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City & State <b>TAMPA, FL</b>	City & State <b>TAMPA, FL</b>
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4. FEI Number <b>59-2725016</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33607</b>	Country <b>USA</b>	Zip <b>33607</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LAWRENCE, LEE**  
~~3030 N. ROCKY PT. DR. W., #750~~  
**TAMPA FL 33607**

Name **LEE LAWRENCE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4211 W. BOY SCOUT BLVD**  
**SUITE 750**  
 City **TAMPA** **FL** Zip Code **33607**

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 *Lawrence, President*  
 Signature, typed or printed name of registered agent and title if applicable.

**4/18/02**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	<b>STD STEIN, NORMDUR 3100 E FLETCHER AVE TAMPA FL 33613</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD REES, RON R. 1041 DUNLTON AVE #250 PT ORANGE FL 32127</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC MEANS, MICHAEL D. 8249 DEVEREUX DRIVE MELBOURNE FL 32940</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LAWRENCE, LEE 3030 NORTH ROCKY POINT DRIVE WEST, #750 TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HILL, ROBERT B. 2815 SOUTH SEACREST BLVD BOYNTON BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRADY, J ROBERT 3030 N ROCKY PT DR W #750 TAMPA FL 33607</b>	<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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

*SEE ATTACHED*

*SEE ATTACHED*

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, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02** **813-350-8300**  
 Date Daytime Phone #

CR2E034 (9/01)

VHA Southeast Inc.  
4211 W. Boy Scout Blvd.  
Suite 750  
Tampa, FL 33607

Attachment  
(813) 350-8300  
(813) 350-8383 Fax

Dr. # J25733

845713



United to Improve America's Health®

## Florida Health Plans – Board of Directors

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### Vice President

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