## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State **DOCUMENT #** J25733 05-06-2002 90051 038 \*\*\*158.75 FLORIDA HEALTH PLANS, INC. Principal Place of Business Mailing Address 9090 N.ROCKY PT.DR.,W.#750-2000 N.ROCKY PT.DR.:W.#750 TAMPA FL 33607-6907-TAMPA FL 33607-6907 2. Principal Place of Business 3. Mailing Address Scort Blud. 4211 W. BOY ح دصء 4211 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 750 **₩ 750** City & State City & State 4. FEI Number Applied For TAMPA TAMPA 59-2725016 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3607 3607 U SA USA-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAWRENCE LAWRENCE, LEE Street Address (P.O. Box Number is Not Acceptable) -3030 N. ROCKY PT. DR. W., #750-**TAMPA FL 33607** Zip Code 33607 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) NAME STEIN, NORMDUR NAME STREET ADDRESS 3100 E FLETCHER AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** TITLE ☐ Delete TITLE CD ∠ Change ☐ Addition NAME NAME REES, RON R. STREET ADDRESS 1041 DUNLDOTON AVE #250 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PT ORANGE FL 32127 TITLE ☐ Delete TITLE ☐ Change ☐ Addition VC. NAME NAME MEANS, MICHAEL D. STREET ADDRESS STREET ADDRESS 8249 DEVEREUX DRIVE CITY-ST-7IP CITY-ST-ZIP MELBOURNE FL 32949 TITLE ☐ Delete TITLE PD Change ☐ Addition NAME LAWRENCE, LEE STREET ADDRESS STREET ADDRESS 3030 NORTH/ROCKY POINT DRIVE WEST, #750 CITY-ST-ZIP CITY-ST-7IP tampa fl ☐ Delete TITLE Change ☐ Addition NAME HILL ROBERT B. STREET ADDRESS STREET ADDRESS 2815 SOUTH SEACREST BLVD CITY-ST-ZIP CITY-ST-ZIP BOYNTON BCH FL ☐ Delete TITLE ☐ Addition NAME GRADY, J ROBERT NAME F ADDRESS STREET ADDRESS 3030 N ROCKY PT DR W #750 DITY-ST-ZIP Tampa FL 33607 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

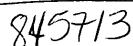
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 102 813-310-83-00 Oate Daytime Phone # VHA Southeast Inc. 4211 W. Boy Scout Blvd. Suite 750 Tompa, FL 33607









## Florida Health Plans - Board of Directors

President

Lee Lawrence

President

VHA Southeast

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