


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90409 001 \*\*\*228.75

**DOCUMENT # J25733**  
 1. Entity Name  
**FLORIDA HEALTH PLANS, INC.**



Principal Place of Business      Mailing Address  
**4211 W BOY SCOUT BLVD**      **4211 W BOY SCOUT BLVD**  
**# 750**      **# 750**  
**TAMPA, FL 33607**      **TAMPA, FL 33607**

**66417141**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

01052004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2725016**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**LAWRENCE, LEE**  
**4211 W BOY SCOUT BLVD**  
**STE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO 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	D HILLENMEYER, JOHN 1414 KUHL AVE ORLANDO, FL 32806 <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	VP GRADY, BOB 4211 W BOY SCOUT BLVD STE 750 TAMPA, FL 33607 <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 4211 W BOY SCOUT BLVD STE 750 TAMPA, FL 33607 <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	TS STEIN, NORMAN V 3100 E FLETCHER AVE UNIV COMM HOSP 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*SEE ATTACHED*

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE LAWRENCE, PRES      Date: 4/21/04      Daytime Phone #: 813-350-8300



**Southeast**

United to Improve  
America's Health

Attachment

00417141  
#J25733

## Florida Health Plans – Board of Directors – 2004-2005

President	Lee Lawrence President VHA Southeast 4211 W. Boy Scout Blvd., Suite 750 Tampa, Florida 33607 Phone: (813) 350-8330 FAX: (813) 350-8383 Email: <a href="mailto:lLawrenc@vha.com">lLawrenc@vha.com</a>	Vice President	Bob Grady Vice President VHA Southeast 4211 W. Boy Scout Blvd., Suite 750 Tampa, Florida 33607 Phone: (813) 350-8310 FAX: (813) 350-8383 Email: <a href="mailto:bgrady@vha.com">bgrady@vha.com</a>
Chairman	Michael D. Means President & CEO Health First, Inc. 6450 S. US 1 Rockledge, FL 32955 Phone: (321) 434-5651 FAX: (321) 752-4624 Email: <a href="mailto:mmeans@health-first.org">mmeans@health-first.org</a>	Treasurer/Secretary	Norman V. Stein President & CEO University Community Hospital, Inc. 3100 East Fletcher Avenue Tampa, Florida 33613 Phone: (813) 615-7203 FAX: (813) 615-7580 Email: <a href="mailto:dMason@mail.uch.org">dMason@mail.uch.org</a>
Director	John Hillenmeyer President & CEO Orlando Regional Healthcare System 1414 Kuhl Avenue Orlando, Florida 32806 Phone: (407) 841-5203 FAX: (407) 237-6328 Email: <a href="mailto:johnh@orhs.org">johnh@orhs.org</a>	Director	Bryan Kindred President & CEO DCH Health System 809 University Blvd. East Tuscaloosa, Alabama 35401 Phone: (205) 759-7329 FAX: (205) 750-5204 Email: <a href="mailto:vrichardson@dchsystem.com">vrichardson@dchsystem.com</a>
Director	Allen Fletcher President & CEO Northeast Alabama Reg. Med. Ctr. 400 E. 10 <sup>th</sup> Street Anniston, Alabama 36201 Phone: (256) 235-5252 FAX: (256) 235-5608 Email: <a href="mailto:dkilgore@hvps.com">dkilgore@hvps.com</a>	Director	Duncan Finlay, MD President & CEO Sarasota Memorial Hospital 1700 South Tamiami Trail Sarasota, Florida 34239 Phone: (941) 917-9000 FAX: (941) 917-6443 Email: <a href="mailto:duncan-finlay@smh.com">duncan-finlay@smh.com</a>
Director	Al Stubblefield President & CEO Baptist Healthcare 1717 North "E" Street, Suite 320 Pensacola, FL 32501 Phone: (850) 469-7643 FAX: (850) 434-4841 E-mail: <a href="mailto:astubble@bhcpns.org">astubble@bhcpns.org</a>	Director	Joe Austin Chief Executive Officer Huntsville Hospital 101 Sivley Road Huntsville, AL 35801 Phone: (256) 265-8123 FAX: (256) 265-2834 E-mail: <a href="mailto:austin@admin.hhsys.org">austin@admin.hhsys.org</a>