2004 FOR PROFIT CORPORATION

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

	ANNUA	L REPORT	
DOCUMENT # J	25733		

04-30-2004 90409 001 ***228.75 JIVI⊏IV | # JZ3/33 1. Entity Name FLORIDA HEALTH PLANS, INC. 66417141 Principal Place of Business Mailing Address 4211 W BOY SCOUT BLVD 4211 W BOY SCOUT BLVD # 750 **TAMPA, FL 33607 TAMPA, FL 33607** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01052004 4. FEI Number City & State City & State Applied For 59-2725016 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAWRENCE, LEE Street Address (P.O. Box Number is Not Acceptable) 4211 W BOY SCOUT BLVD **STE 750** TAMPA, FL 33607 City 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change **PCFO** ☐ Addition ☐ Delete NAME MEANS, MICHAEL D NAME 8249 DEVEREUX DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 CITY-ST-ZIP TITLE D TITLE ☐ Change ☐ Addition HILLENMEYER, JOHN NAME 1414 KUHL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP VΡ ☐ Delete TITLE ☐ Change ☐ Addition TITLE GRADY, BOB NAMÉ NAME 4211 W BOY SCOUT BLVD STE 750 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33697 CITY-ST-ZIP Delete PD ☐ Change ☐ Addition TITLE TITLE NAME LAWRENCE, LEE NAME 4211 N BOY SCOUT BLVD STE 750 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME STEIN, NORMAN V NAME STREET ADDRESS 3100 E FLETCHER AVE UNIV COMM HOSP STREET ADDRESS ST-ZIP CITY-ST-ZIP **TAMPA, FL 33613** TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

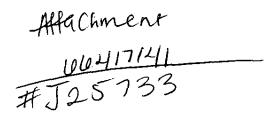
SIGNATURE:

le le LEELAWRENCE, PRES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-350-8300



Southeast



Florida Health Plans - Board of Directors - 2004-2005

President

Lee Lawrence President

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