## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # J25733 1. Entity Name 01-10-2006 90024 028 \*\*\*158.75 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** 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2725016 Not Applicable Zip Country Zip 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 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITI F TIT) F ☐ Change ☐ Addition NAME LAWRENCE, LEE NAME 4211 W. BOY SCOUT BLVD., SUITE 750 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP TITLE ☐ Darlete TITLE ☐ Change ☐ Addition GRADY, BOB NAME NAME 4211 W. BOY SCOUT BLVD., SUITE 750 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP ■ Addition TITLE TITLE ☐ Change ☐ Delete NAME STEIN, NORMAN V NAME STREET ADDRESS 3100 EAST FLETCHER AVE STREET ADDRESS TAMPA, FL 33613 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MEANS, MICHAEL D NAME NAME STREET ADDRESS 6450 S US 1 STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE HILLENMEYER JOHN NAME NAME 1414 KUHL AVE STREET ADDRESS STREET ADDRESS ORLANDO/FL 32806 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition FLETICHER, ALLEN NAME NAME 400 E. 10TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ANNISTON, AL 36201 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE LAWRENCE, PRES.

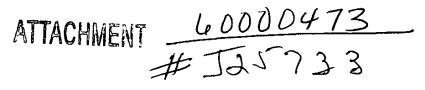
06 813-350-834

**FILED** 

Jan 10, 2006 8:00 am



America's Health



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