

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90024 028 \*\*\*158.75

**DOCUMENT # J25733**

1. Entity Name  
FLORIDA HEALTH PLANS, INC.



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

Mailing Address  
4211 W BOY SCOUT BLVD  
# 750  
TAMPA, FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

Chg-P

CR2E034 (11/05)

4. FEI Number  
59-2725016

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE, LEE  
4211 W BOY SCOUT BLVD  
STE 750  
TAMPA, FL 33607

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAWRENCE, LEE	
STREET ADDRESS	4211 W. BOY SCOUT BLVD., SUITE 750	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRADY, BOB	
STREET ADDRESS	4211 W. BOY SCOUT BLVD., SUITE 750	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	TS	<input type="checkbox"/> Delete
NAME	STEIN, NORMAN V	
STREET ADDRESS	3100 EAST FLETCHER AVE	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	C	<input type="checkbox"/> Delete
NAME	MEANS, MICHAEL D	
STREET ADDRESS	6450 S US 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLENMEYER, JOHN	
STREET ADDRESS	1414 KUHLE AVE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, ALLEN	
STREET ADDRESS	400 E. 10TH STREET	
CITY-ST-ZIP	ANNISTON, AL 36201	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:** LEE LAWRENCE, PRES. 1/10/06 813-350-8300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**Southeast**

United to Improve  
America's Health

ATTACHMENT

60000473

# J25733

## Florida Health Plans – Board of Directors – 2005-2006

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:nperkins@mail.uch.org">nperkins@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:john.hillenmeyer@orhs.org">john.hillenmeyer@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	George Mikitarian President & CEO Parrish Medical Center 951 North Washington Avenue Titusville, FL 32796 Phone: (321) 268-6100 FAX: (321) 268-6231 E-mail: <a href="mailto:george.mikitarian@parrishmed.com">george.mikitarian@parrishmed.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>