


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90244 013 ***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

60000614



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01032007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
59-2725016

Applied For
 Not Applicable

Zip Country Zip Country

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **LEE LAWRENCE, PRES** **1/4/07** **813-350-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
60000614
J25733



Florida Health Plans – Board of Directors – 2006-2007

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: llawrenc@vha.com	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: bgrady@vha.com
Director	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: nperkins@mail.uch.org	Chairman	Bryan Kindred President & CEO DCH Health System 809 University Blvd. East Tuscaloosa, Alabama 35401 Phone: (205) 759-7329 FAX: (205) 750-5204 Email: vrichardson@dchsystem.com
Director	John Hillenmeyer President & CEO Orlando Regional Healthcare System 1414 Kuhl Avenue Orlando, Florida 32806 Phone: (407) 841-5203 FAX: (407) 237-6328 Email: john.hillenmeyer@orhs.org	Treasurer/ Secretary	Allen Fletcher President & CEO Northeast Alabama Reg. Med. Ctr. 400 E. 10 th Street Anniston, Alabama 36201 Phone: (256) 235-5252 FAX: (256) 235-5608 Email: dkilgore@hvps.com
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: astubble@bhcpns.org	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: george.mikitarian@parrishmed.com
Director	Russ Tyner President & CEO Baptist Health P.O. Box 244001 Montgomery, AL 36124-4001 Phone (334) 273-4400 FAX: (334) 273-4407 E-mail: rtyners@baptistfirst.org	Director	James Hahn President & CEO Decatur General Hospital 1201 7 th Street S.E. Decatur, AL 35601 Phone: (256) 341-2122 FAX: (256) 301-1020 E-mail: jhahn@dghosp.org