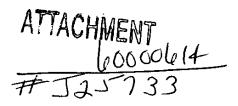
## **L2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jan 08, 2007 8:00 am Secretary of State DOCUMENT # J25733 01-08-2007 90244 013 \*\*\*158.75 FLORIDA HEALTH PLANS, INC. Principal Place of Business Mailing Address **4211 W BOY SCOUT BLVD** 4211 W BOY SCOUT BLVD 60000614 # 750 # 750 TAMPA, FL 33607 TAMPA, FL 33607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. . CR2E034 (12/06) 01032007 Chg-P City & State City & State 4. FEI Number Applied For 59-2725016 Not Applicable Zip 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 Name LAWRENCE, LEE 4211 W BOY SCOUT BLVD Street Address (P.O. Box Number is Not Acceptable) STE 750 TAMPA, FL 33607 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 FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be $\Box$ After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition LAWRENCE, LEE NAME NAME 4211 W. BOY SCOUT BLVD., SUITE 750 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CETY-ST-7IP VΡ TITLE Delete TIT! F ☐ Change ☐ Addition NAME GRADY, BOB NAME 4211 W. BOY SCOUT BLVD STREET ADDRESS STREET ADDRESS TAMPA, FL 33607 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME STEIN, NORMAN V NAME STREET ADDRESS 3100 EAST FLETCHER AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 CITY-ST-7IP TITI F ☐ Delete ☐ Change ☐ Addition MEANS, MICHAEL D NAME NAME STREET ADDRESS 6450 S US 2 STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition HILLENMEYER, JOHN NAME 1414 KUHL AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32806 CITY-ST-ZIP TITLE ☐ Delete ☐ Chance ☐ Addition FLETHCHER, ALLEN NAME NAME STREET ADDRESS 400 E. 10TH STREET STREET ADDRESS CHTY-ST-ZIP ANNISTON, AL 36201 CITY-ST-7IP

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. Studen LEE LAWRENCE, PRES

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED





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