2008 FOR PROFIT CORPORATION ANNUAL REPORT

والمناه المالية

Secretary of State 02-04-2008 90046 021 ***158.75 **DOCUMENT # J25733** 1. Entity Name FLORIDA HEALTH PLANS, INC. 4001/130 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 CR2E034 (12/06) Chg-P 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 Zip Code City 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 \Box Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 TIΠE noitibhA TITLE ☐ Delete NAME NAME LAWRENCE, LEE 4211 W. BOY SCOUT BLVD., SUITE 750 STREET ADDRESS STREET ADDRESS TAMPA, FL 33607 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE SEE PORCHED GRADY, BOB NAME NAME STREET ADDRESS 4211 W. BOY SCOUT BLVD., SUITE 750 STREET ADDRESS TAMPA, FL 33607 CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TS Delete TIME STEIN, NORMAN V NAME NAME STREET ADDRESS 3100 EAST FLETCHER AVE STREET ADDRESS CDDY-ST-ZIP TAMPA, FL 33613 CITY-SY-ZIP ☐ Change ☐ Addition Delete TITLE MEANS, MICHAEL D NAME NAME

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.

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CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS 6450 S US 1

ROCKLEDGE, FL 32955

HILLENMEYER, JOHN

FLETHCHER, ALLEN

400 E. 10TH STREET

AMNISTON, AL 36201

1414 KUHL AVE ORLANDO, FL 32808

> LEE LAWRENCE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

FILED

Feb 04, 2008 8:00 am

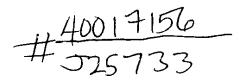
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ATTACHMENT





Florida Health Plans - Board of Directors - 2007-2008

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Lee Lawrence President

VHA Southeast

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