

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J25733

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: FLORIDA HEALTH PLANS, INC.

## Current Principal Place of Business:

4211 W BOY SCOUT BLVD  
# 750  
TAMPA, FL 33607

## New Principal Place of Business:

## Current Mailing Address:

4211 W BOY SCOUT BLVD  
# 750  
TAMPA, FL 33607

## New Mailing Address:

FEI Number: 59-2725016      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LAWRENCE, LEE  
Address: 4211 W. BOY SCOUT BLVD., SUITE 750  
City-St-Zip: TAMPA, FL 33607

Title: VP ( ) Delete  
Name: GRADY, BOB  
Address: 4211 W. BOY SCOUT BLVD., SUITE 750  
City-St-Zip: TAMPA, FL 33607

Title: TS ( ) Delete  
Name: STEIN, NORMAN V  
Address: 3100 EAST FLETCHER AVE  
City-St-Zip: TAMPA, FL 33613

Title: C ( ) Delete  
Name: MEANS, MICHAEL D  
Address: 6450 S US 1  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: HILLENMEYER, JOHN  
Address: 1414 KUHL AVE  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: FLETHCHER, ALLEN  
Address: 400 E. 10TH STREET  
City-St-Zip: ANNISTON, AL 36201

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: STEIN, NORMAN V  
Address: 3100 EAST FLETCHER AVE  
City-St-Zip: TAMPA, FL 33613

Title: D (X) Change ( ) Addition  
Name: MEANS, MICHAEL D  
Address: 6450 S US 1  
City-St-Zip: ROCKLEDGE, FL 32955

Title: T/S (X) Change ( ) Addition  
Name: HILLENMEYER, JOHN  
Address: 1414 KUHL AVE  
City-St-Zip: ORLANDO, FL 32806

Title: C (X) Change ( ) Addition  
Name: KINDRED, BRYAN  
Address: 809 UNIVERSITY BLVD EAST  
City-St-Zip: TUSCALOOSA, AL 35401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD J. BETHKE

D

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date