

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J25733

FILED
Jan 21, 2011
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:

HARE, CYNTHIA
4211 W BOY SCOUT BLVD
STE 750
TAMPA, FL 33607 US

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: CYNTHIA A. HARE

01/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HARE, CYNTHIA
Address: 4211 W. BOY SCOUT BLVD., SUITE 750
City-St-Zip: TAMPA, FL 33607

Title: VP
Name: GRADY, ROBERT J
Address: 4211 W. BOY SCOUT BLVD., SUITE 750
City-St-Zip: TAMPA, FL 33607

Title: TS
Name: MIKITARIAN, GEORGE
Address: 951 N WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: C
Name: STUBBLEFIELD, ALFRED
Address: 1717 NORTH
City-St-Zip: PENSACOLA, FL 32501

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

Title: D
Name: KINDRED, BRYAN
Address: 809 UNIVERSITY BLVD EAST
City-St-Zip: TUSCALOOSA, AL 35401

I hereby 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 all other like empowered.

SIGNATURE: DONALD J. BETHKE

D

01/21/2011

Electronic Signature of Signing Officer or Director

Date