2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J25733

Entity Name: FLORIDA HEALTH PLANS, INC.

FILED Jan 21, 2011 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

4211 W BOY SCOUT BLVD #750

TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

4211 W BOY SCOUT BLVD #750 TAMPA, FL 33607

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

HARE, CYNTHIA Name:

4211 W. BOY SCOUT BLVD., SUITE 750 Address:

City-St-Zip: TAMPA, FL 33607

Title: VΡ

Name: GRADY, ROBERT J

4211 W. BOY SCOUT BLVD., SUITE 750 Address:

TAMPA, FL 33607 City-St-Zip:

Title: T\S

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

Title:

STUBBLEFIELD, ALFRED Name:

Address: **1717 NORTH** City-St-Zip: PENSACOLA, FL 32501

Title:

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

Title:

Name: KINDRED, BRYAN

809 UNIVERSITY BLVD EAST Address: 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