

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90219 008 \*\*\*158.75

**DOCUMENT # J25733**

1. Entity Name  
**FLORIDA HEALTH PLANS, INC.**



Principal Place of Business  
**4211 W BOY SCOUT BLVD  
# 750  
TAMPA FL 33607**

Mailing Address  
**4211 W BOY SCOUT BLVD  
# 750  
TAMPA FL 33607**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2725016**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO MEANS, MICHAEL D 8249 DEVEREUX DRIVE MELBOURNE FL 32940</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO HILLENMEYER, JOHN 1414 KUHLE AVE ORLANDO FL 32806</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GRADY, BOB 4211 W BOY SCOUT BLVD STE 750 TAMPA FL 33607</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LAWRENCE, LEE 4211 W BOY SCOUT BLVD STE 750 TAMPA FL 33607</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO STEIN, NORMAN V 3100 E FLETCHER AVE UNIV COMM HOSP TAMPA FL 33613</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

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

**3/27/03 813-350-6300**

Date

Daytime Phone #

CR2E034 (10/02)

## Florida Health Plans, Inc. Board of Directors

Michael D. Means (C)  
Health First, Inc.

8249 Devereux Drive  
Melbourne, FL 32940-7955  
Telephone (321) 434-5651  
Fax (321) 752-4624

J. Robert Grady (D)

VHA Southeast  
4211 W Boy Scout Blvd, Suite 750  
Tampa, FL 33607  
Telephone (813) 350-8310  
Fax (813) 350-8383

John Hillenmeyer (D)

Orlando Regional Healthcare System  
1414 Kuhl Avenue  
Orlando, FL 32806-0000  
Telephone (407) 841-5203  
Fax (407) 237-6328

Norman V. Stein (T/S)  
University Community Hospital, Inc.

3100 East Fletcher Avenue  
Tampa, FL 33613  
Telephone (813) 615-7203  
Fax (813) 615-7580

P. Lee Lawrence (P)  
VHA Southeast  
4211 W Boy Scout Blvd, Suite 750  
Tampa, FL 33607  
Telephone (813) 350-8330  
Fax (813) 350-8383

Revised: 3/26/03 12:14 PM

... Attachment #

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