2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 08, 2000 8:00 am Secretary of State **DOCUMENT # J29030** 1. Entity Name AMERIHEALTH OF FLORIDA, INC. 08-08-2000 90088 012 ***550.00 Mailing Address Principal Place of Business 1901 MARKET ST. 10151 DEERWOOD PARK BLVD BLDG 200 STE 400 PHILADELPHIA PA 19103 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 74-2439056 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **CPCE** ☐ Addition ☐ Change TITLE TITLE ☐ Delete DIBONA, FRED G JR NAME NAME STREET ADDRESS 1901 MARKET ST. STREET ADDRESS CITY-ST-ZIP PHILADELPHIA PA 19103 CITY-ST-ZIP **CFOT** Addition ☐ Delete TITLE Change TITLE FOOS, JOHN G NAME 1901 MARKET ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHILADELPHIA PA 19103 CITY-ST-ZIP GCCS X Addition Delete ---TITLE SVP/S/GC HATLER, PATRICIA R ESQ NAME NAME Tufano, Paul A. Esq. 1901 MARKET ST. STREET ADDRESS STREET ADDRESS 1901 Market St., Philadelphia, PA 19103 CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA 19103 ☐ Delete TITLE ☐ Change Addition TITLE BUTLER, CHRISTOPHER D NAME NAME STREET ADDRESS STREET ADDRESS 1901 MARKET ST. CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA 19103 ☐ Addition ☐ Change TITLE ☐ Delete TITLE PEDRIANI, DANIEL J NAME NAME 1901 MARKET ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PHILADELPHIA PA 19103 ■ Addition SVP ☐ Change ☐ Delete TITLE TITLE FRICK, JOSEPH A NAME NAME STREET ADDRESS 1901 MARKET ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PHILADELPHIA PA 19103

13. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.