

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90130 046 ***158.75

DOCUMENT # K26577

1. Entity Name
SAFEGUARD HEALTH PLANS, INC.



Principal Place of Business
**8100 NO UNIVERSITY DR
FT. LAUDERDALE FL 33321
US**

Mailing Address
**95 ENTERPRISE, SUITE 100
ALISO VIEJO CA 92656-2605**



2. Principal Place of Business
3410 Henderson Boulevard

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number **65-0073323**

Applied For

Not Applicable

Zip
33609

Country
USA

Zip

Country

5. Certificate of Status Desired **XXX** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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
**CDEV
BUNCHER, JAMES E
8100 NO UNIVERSITY DR
FT. LAUDERDALE FL 33321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
3410 Henderson Boulevard
Tampa, FL 33609** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
BUNCHER, J E
8100 NO UNIVERSITY DR
FT. LAUDERDALE FL 33321** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
BRENDZEL, RONALD I
8100 NO UNIVERSITY DR
FT. LAUDERDALE FL 33321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
3410 Henderson Boulevard
Tampa, FL 33609** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VFOD
GATES, DENNIS L
8100 NO UNIVERSITY DR
FT. LAUDERDALE FL 33321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
3410 Henderson Boulevard
Tampa, FL 33609** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KAVOUKLIS, NICHOLAS M DMD
8100 NO UNIVERSITY DR
FT. LAUDERDALE FL 33321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEOD
3410 Henderson Boulevard
Tampa, FL 33609** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
BAKER, STEPHEN J
8100 NO UNIVERSITY DR
FT. LAUDERDALE FL 33321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
3410 Henderson Boulevard
Tampa, FL 33609** ☒ Change ☐ 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03

(949) 425-4110

Ronald I. Brendzel, Sr. V.P. and Secretary

CR2E034 (10/02)