

2002 UNIFORM BUSINESS REPORT (UBR)

0043331 AV

DOCUMENT # K38096

1. Entity Name

FLORIDA HEALTH PLAN MANAGEMENT, INC.

FILED

02 MAR 12 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE FL 32308**

Mailing Address

**3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2648413

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, GERALD M ESQUIRE
300 SOUTH PARK ROAD
HOLLYWOOD FL 33021**

Name

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

000005191010--7

-04/04/02--01022--025

*****158.75 ***158.75**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SCOTT, STEVEN M M.D.**
STREET ADDRESS **3520 THOMASVILLE RD., STE. 200**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **Scott, Steven M., M.D.**
STREET ADDRESS **3520 Thomasville Rd., Suite 200**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **AS** ☐ Delete
NAME **WEGNER, ANITA S**
STREET ADDRESS **3520 THOMASVILLE RD., STE. 200**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **S** ☐ Change ☒ Addition
NAME **Cohen, Gerald M.**
STREET ADDRESS **300 South Park Road**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **King, Felicia**
STREET ADDRESS **2828 Croasdaile Dr.**
CITY-ST-ZIP **Durham, NC 27705**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **R. Joseph Berding**
STREET ADDRESS **300 S. Park Road**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Hogan, J. Michael, M.D.**
STREET ADDRESS **300 S. Park Road**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 or 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 a power like empowered.

SIGNATURE:

GERALD M. COHEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/02 954-986-6205

CR2E034 (9/01)