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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # K47657 (7)

1. Corporation Name

PACIFICARE OF FLORIDA, INC.

Principal Place of Business

ONE ALHAMBRA PLAZA  
SUITE 1000  
CORAL GABLES FL 33134

Mailing Address

5995 PLAZA DRIVE  
MS 1460  
CYPRESS CA 90630

3. Date Incorporated or Qualified

11/28/1988

3a. Date of Last Report

08/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPIVACK, DAVID  
1 ALHAMBRA PLAZA  
10TH FLOOR  
CORAL GABLES FL 33134

81 Name

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

83 700001810357

84 -05/07/96--01018--011

84 City

\*\*\*200.00

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and date of registration.

(Not to be signed by Agent. Signature required for registration.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME V  
STREET ADDRESS SPIVACK, DAVID  
CITY-ST-ZIP 3233 PALM AVENUE  
HIALEAH FL 33012

TITLE ☐ DELETE

NAME S  
STREET ADDRESS KONOWIECKI, JOSEPH  
CITY-ST-ZIP 5995 PLAZA DRIVE  
CYPRESS CA 90630

TITLE ☐ DELETE

NAME X  
STREET ADDRESS GARROTE, IVONNE  
CITY-ST-ZIP 3233 PALM AVENUE  
HIALEAH FL 33012

TITLE ☐ DELETE

NAME X  
STREET ADDRESS LOWELL, WAYNE  
CITY-ST-ZIP 5995 PLAZA DRIVE  
CYPRESS CA 90630

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE  
12 NAME Spivack, David  
13 STREET ADDRESS 1 Alhambra Plaza, Ste. 1000  
14 CITY-ST-ZIP Coral Gables, FL 33134

21 TITLE ☐ Change ☒ Addition

22 NAME P/D  
23 STREET ADDRESS Goodstein, Mitchell  
24 CITY-ST-ZIP 1 Alhambra Plaza, Ste. 1000  
Coral Gables, FL 33134

31 TITLE ☒ Change ☐ Addition

32 NAME Garrote, Ivonne  
33 STREET ADDRESS 1 Alhambra Plaza, Ste. 1000  
34 CITY-ST-ZIP Coral Gables, FL 33134

41 TITLE ☒ Change ☐ Addition

42 NAME T/D  
43 STREET ADDRESS Lowell, Wayne  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition

52 NAME D/L  
53 STREET ADDRESS Faick, Jeff  
54 CITY-ST-ZIP 5995 Plaza Drive  
Cypress, CA 90630

61 TITLE ☐ Change ☒ Addition

62 NAME Roger Taylor M.D.  
63 STREET ADDRESS 5995 Plaza Drive  
64 CITY-ST-ZIP Cypress, CA 90630

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Joseph Konowiecki

Secretary 4/24/96

(nu) 229-2753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Office Phone #

CR2E034 (12/95)