

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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**  
4. FEI Number: **65-0095308-33-0603319**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 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: **Spivack, David**  
82 Street Address (P.O. Box Number is Not Acceptable): **1 Alhambra Plaza, Ste. 1000**  
83 City: **Coral Gables, FL 33134**  
84 City: **Coral Gables, FL 33134**  
85 Zip Code: **33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 signing officer or director

(Not to be signed by Agent; signature reserved for the registering agent)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>SPIVACK, DAVID</b>	
STREET ADDRESS	<b>3233 PALM AVENUE</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>KONOWIECKI, JOSEPH</b>	
STREET ADDRESS	<b>5995 PLAZA DRIVE</b>	
CITY-ST-ZIP	<b>CYPRESS CA 90630</b>	
TITLE	X	<input type="checkbox"/> DELETE
NAME	<b>GARROTE, IVONNE</b>	
STREET ADDRESS	<b>3233 PALM AVENUE</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	X	<input type="checkbox"/> DELETE
NAME	<b>LOWELL, WAYNE</b>	
STREET ADDRESS	<b>5995 PLAZA DRIVE</b>	
CITY-ST-ZIP	<b>CYPRESS CA 90630</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Spivack, David</b>
13 STREET ADDRESS	<b>1 Alhambra Plaza, Ste. 1000</b>
14 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
2 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Goodstein Mitchell</b>
23 STREET ADDRESS	<b>1 Alhambra Plaza, Ste. 1000</b>
24 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Garrote, Ivonne</b>
33 STREET ADDRESS	<b>1 Alhambra Plaza, Ste. 1000</b>
34 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Lowell, Wayne</b>
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>D/L Falick, Jeff</b>
53 STREET ADDRESS	<b>5995 Plaza Drive</b>
54 CITY-ST-ZIP	<b>Cypress, CA 90630</b>
6 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>Roger Taylor M.D.</b>
63 STREET ADDRESS	<b>5995 Plaza Drive</b>
64 CITY-ST-ZIP	<b>Cypress, CA 90630</b>

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, and I 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) 229-2783  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE

CR2E034 (12/95)