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

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 # **K53449** **(0)**

1. Corporation Name

AVMED HEALTH INSURANCE COMPANY

Principal Place of Business
~~9400 S DADELAND BLVD~~
~~MIAMI FL 33156~~
US

Mailing Address
~~4300 NW 89TH BLVD.~~
~~GAINESVILLE FL 32606~~

3. Date Incorporated or Qualified: 03/12/1990
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business
21 9400 S. Dadeland Blvd.
Suite, Apt. #, etc. 22
City & State 23 Miami, FL 33156
Zip 24 Country 25

2a. Mailing Address
26 4300 N.W. 89th Blvd.
Suite, Apt. #, etc. 27
City & State 28 Gainesville, FL
Zip 29 32606 Country 30 US

4. FEI Number: 59-2903902 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

~~THE INSURANCE COMMISSIONER~~
~~THE CAPITOL~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: deMontmollin, Stephen J.
82 Street Address (P.O. Box Number is Not Acceptable): 4300 N.W. 89th Blvd.
83
84 City: Gainesville FL 85 Zip Code: 32606

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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] 4/26/96
(Signature Typed or Printed Name of Registered Agent and Title of Officer) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	[ ] DELETE
NAME	PEDDIE, EDWARD C.	
STREET ADDRESS	4300 NW 89TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	SDT	[ ] DELETE
NAME	DEMONTMOLLIN, STEVEN J	
STREET ADDRESS	4300 NW 89TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DV	[ ] DELETE
NAME	HUDSON, ROBERT	
STREET ADDRESS	9500 S DADELAND BLVD	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	[ ] DELETE
NAME	HAIRSTON, DON	
STREET ADDRESS	4300 NW 89TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	[ ] DELETE
NAME	HUGHEY, JAN P	
STREET ADDRESS	4300 NW 89TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/S	[X] Change [ ] Addition
2.2 NAME	DEMONTMOLLIN, STEPHEN	
2.3 STREET ADDRESS	4300 NW 89 Blvd	
2.4 CITY-ST-ZIP	Gainesville, FL 32606	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/T	[X] Change [ ] Addition
4.2 NAME	HAIRSTON, DON	
4.3 STREET ADDRESS	4300 NW 89 Blvd	
4.4 CITY-ST-ZIP	Gainesville, FL 32606	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	900001848199	[ ] Change [ ] Addition
6.2 NAME	-06/03/96--01053--036	
6.3 STREET ADDRESS	***208.75	
6.4 CITY-ST-ZIP		

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. 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: [signature] 4/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

5-1-96