***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	Mailing Address
~~9400 S DADELAND BLVD~~ ~~MIAMI FL 33156~~ US	~~4300 NW 89TH BLVD~~ ~~GAINESVILLE FL 32606~~

3. Date Incorporated or Qualified: 03/12/1990	3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-2903902	☐ 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	2a. Mailing Address
21 9400 S. Dadeland Blvd.	26 4300 N.W. 89th Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL 33156	28 City & State: Gainesville, FL
24 Zip / 25 Country	29 Zip: 32606 / 30 Country: US

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 607.1508, 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] 4/26/96
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEDDIE, EDWARD C.		1.2 NAME		
STREET ADDRESS	4300 NW 89TH BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		1.4 CITY-ST-ZIP		
TITLE	SDT	☐ DELETE	2.1 TITLE	D/S	XX Change ☐ Addition
NAME	DEMONTMOLLIN, STEVEN J		2.2 NAME	DEMONTMOLLIN, STEPHEN	
STREET ADDRESS	4300 NW 89TH BLVD.		2.3 STREET ADDRESS	4300 NW 89 Blvd	
CITY-ST-ZIP	GAINESVILLE FL 32606		2.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUDSON, ROBERT		3.2 NAME		
STREET ADDRESS	9500 S DADELAND BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D/T	XX Change ☐ Addition
NAME	HAIRSTON, DON		4.2 NAME	HAIRSTON, DON	
STREET ADDRESS	4300 NW 89TH BLVD.		4.3 STREET ADDRESS	4300 NW 89 Blvd	
CITY-ST-ZIP	GAINESVILLE FL 32606		4.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUGHEY, JAN P		5.2 NAME		
STREET ADDRESS	4300 NW 89TH BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	900001848199	☐ Change ☐ Addition
NAME			6.2 NAME	-06/03/96--01053--036	
STREET ADDRESS			6.3 STREET ADDRESS	***208.75	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 #

5-1-96