

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 21, 2001 8:00 am**
Secretary of State

02-21-2001 90071 004 ***158.75

625997

DO NOT WRITE IN THIS SPACE

DOCUMENT # K53449

1. Entity Name

AvMed Health Insurance Company

Principal Place of Business

9400 S. Dadeland Blvd.
Miami, FL 33156
USA

Mailing Address

4300 NW 89th Blvd.
Gainesville, FL 32606-5688
USA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2903902

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

DeMontmollin, Stephen J.
4300 NW 89th Blvd.
Gainesville, FL 32606-5688

Name

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 DC ☒ Delete
NAME Peddie, Edward C.
STREET ADDRESS 4300 NW 89th Blvd.
CITY-ST-ZIP Gainesville, FL 32606TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DS ☐ Delete
NAME deMontmollin, Stephen
STREET ADDRESS 4300 NW 89th Blvd.
CITY-ST-ZIP Gainesville, FL 32606TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DVC ☐ Delete
NAME Hudson, Robert C.
STREET ADDRESS 4300 NW 89th Blvd.
CITY-ST-ZIP Gainesville, FL 32606TITLE DC ☒ Change ☐ Addition
NAME Hudson, Robert C.
STREET ADDRESS 4300 NW 89th Blvd.
CITY-ST-ZIP Gainesville, FL 32606TITLE DT ☒ Delete
NAME Hairston, Don
STREET ADDRESS 4300 NW 89th Blvd.
CITY-ST-ZIP Gainesville, FL 32606TITLE DT ☐ Change ☒ Addition
NAME Still, Ken
STREET ADDRESS 4300 NW 89th Blvd.
CITY-ST-ZIP Gainesville, FL 32606TITLE DAS ☒ Delete
NAME Hughey, Philip J.
STREET ADDRESS 4300 NW 89 Blvd.
CITY-ST-ZIP Gainesville, FL 32606TITLE DAS ☐ Change ☒ Addition
NAME Rankin, Les
STREET ADDRESS 4300 NW 89th Blvd.
CITY-ST-ZIP Gainesville, FL 32606TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DVC ☐ Change ☒ Addition
NAME Cueny, Douglas
STREET ADDRESS 4300 NW 89th Blvd.
CITY-ST-ZIP Gainesville, FL 32606

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 all other like empowered.

SIGNATURE:*Les C. Rankin*

Les C. Rankin

1/31/01

(352) 337-8706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)