DOCUMENT # LOGA15

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris 😁 🥆 ANNUAL REPORT Secretary of State 04-22-1999 90113 010 \*\*\*150.00 **DIVISION OF CORPORATIONS** 1999

| FILED                |
|----------------------|
| Apr 22, 1999 8:00 am |
| Secretary of State   |
| •                    |

| 1. Corporation APPROV  | /ED HEALTH PLANS, INC.  | Mailing Address   |  |  |   |                    |   |  | :  |
|--|---|---|--|--|---|--------------------|---|--|--|
| 600 CORPORATE DR #200 600 CORPORATE DR #200  |   |   |  |  | 1   |                    |   |  | •  |
| FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334  |   |   |  |  | DO NOT WE   | ITE IN THIS S      | SPACE                                   |  |  |
| }  |   |   |  |  | 3. Date Incorporated or Qualifed                                |                    |   |  | 7  |
|  |   |   |  |  | 10/16/1989  |                    |   |  |  |
| 2. Principal P   | lace of Business  | 2a. Mailing Address                                     | •••  |  | 4. FEI Number   |                    |   | plied For                                      |  |
| 21   |   | 26  |  |  | 65-0150404  |                    |   | t Applicable                                   | ┨.   |
| Suite, Apt.  | #, etc.   | Sulte, Apt. #, etc.                                     |  |  | 5. Certificate of Status Desired                                |                    | \$8.75 A                                |  | 1  |
| 22   |   | 27  |  |  |   |                    |   | <del></del>                                    | ۱ ا  |
| City & Stat  | <u>ta</u>   | City & State  | <del></del>  | ٠  | Election Campaign Financing     Trust Fund Contribution         | □                  | \$5.00<br>Added t                       |  | -  |
| Zip  | Country   | Zip Zip   | Cou  | ntrv   | 8. This corporation owes the cur                                | ment wear inta     |   |  | 1  |
| 24   | 25  | 29  | 30   |  | Personal Property Tax.  | 10111 ) 0011 11111 | Yes                                     | <u> </u>                                       | ╛  |
|  | 9. Name and Address of Current  |   | 1  |  | 10. Name and Address of New                                     | Registered A       | gent                                    |  | 4  |
|  | 200 001   |   |  | 81 Name  | Susan Riggio  |                    |   |  |  |
|  | GER, ROY<br>CORPORATE DRIVE STE 200   |   |  | 82 Street Ad   | dress (P.O. Box Number is Not Accept                            | table)             |   |  | 1  |
| ,  | IT LAUDERDALE FL 33334  |   |  |  | 600 Corporate Driv  | <u>e_Suite</u>     | 200                                     |  | 4  |
| FOR  | II ENDOCHUMEE PE 33334  |   |  | 83   |   |                    |   |  |  |
| 1  | to the provisions of Sections 607.0502<br>registered agent, or both, in the State-<br>or familiat with, and accept the bringsh  |   |  | 84 City  | Fort Lauderdale   | FL                 | 85 Zip (                                | 334  | ]  |
| 11. Pursuant   | to the provisions of Sections 607.0502  | and 607, 1508, Florida St                               | atutes, the a  | pove-named co  | poration submits this statement for the                         | purpose of c       | hanging its                             | registered                                     | ],   |
| office or r<br>agent. I a  | registered affaht, or both, in the State of<br>in familiar with, and accept the obligation  | of Florida. Such change with the off. Section 607.0505, | es authorized<br>Florida Stati   | ites.  | MON'S DOSITO OF ORFOCIOUS, 1 HISTORY SILLS                      | ibi nia abboni     | DINOTE GO TO                            | y15101 00                                      | ۱.   |
|  |   |   | ``   |  |   |                    |   |  | 1.   |
| SIGNATURE.   |   |   |  |  | and when reinstating)   | DATE               |   |  | ءَ ا   |
| SIGNATURE.   | Signature, typed or printed name of registered about OFFICERS AND   | and the magnification ()                                |  |  |   | DATE               | DIRECTO                                 | RS IN 12                                       | 1 8  |
| SIGNATURE  | Signature, typed or printed name of registered short OFFICERS AND   | and the magnification ()                                | ICTE: Registered   | Agent signature requ   | erad when reinstating)  | DATE               |   |  | י ו  |
| 12.  | Signification typed or printed name of registered about OFFICERS AND D SCHULMAN, CARRIE   | DIRECTORS   | 13.<br>1.1 TF  | Agent signature requi  | ADDITIONS/CHANGES TO OF<br>V.P.<br>Susan Riggio                 | DATE<br>FICERS AND | DIRECTO Change                          | RS IN 12  XAddition                            | י ו  |
| 12.  | Specifica. typed or printed name of registered about OFFICERS AND D SCHULMAN, CARRIE 600 CORPORATE DR., #200  | DIRECTORS   | 13.<br>1.1 Tr<br>1.2 N/<br>1.3 S1  | Agent algoritum requi  | ADDITIONS/CHANGES TO OF<br>V.P.<br>Susan Riggio<br>600 Corporat | FICERS AND         | DIRECTO Change                          | RS IN 12  CAddition                            | E024.  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Specifica. typed or printed name of registered about OFFICERS AND D SCHULMAN, CARRIE 600 CORPORATE DR., #200 FT LAUDERDALE FL   | D DIRECTORS   | 13. 1.1 Tf 1.3 ST 1.4 Cf   | Agent algoritude /4904  TLE  ME  REET ADDRESS  YY-ST-ZIP   | ADDITIONS/CHANGES TO OF<br>V.P.<br>Susan Riggio<br>600 Corporat | FICERS AND         | DIRECTO Change                          | RS IN 12  CAddition                            | DOE034   |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Spetition. typed or printed name of registered about OFFICERS AND D SCHULMAN, CARRIE 600 CORPORATE DR., #200 FT LAUDERDALE FL   | DIRECTORS   | 13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.1 TF   | Agent signature /reco  | ADDITIONS/CHANGES TO OF<br>V.P.<br>Susan Riggio                 | FICERS AND         | DIRECTO Change                          | RS IN 12  CAddition                            | DOE034   |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | Spetture. typed or printed name of registered about OFFICERS AND D SCHULMAN, CARRIE 600 CORPORATE DR., #200 FT LAUDERDALE FL D JAEGER, CAROLYN  | D DIRECTORS   | 13.<br>1.1 TT<br>1.2 N<br>1.3 ST<br>1.4 CI<br>2.1 TT<br>2.2 N  | Agent signature /recis  LE  ME  REET ADORESS  TY-ST-ZIP  LE  ME  | ADDITIONS/CHANGES TO OF<br>V.P.<br>Susan Riggio<br>600 Corporat | FICERS AND         | DIRECTO Change                          | RS IN 12  CAddition                            | DOE034   |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Spetition. typed or printed name of requested about OFFICERS AND D SCHULMAN, CARRIE 600 CORPORATE DR., #200 FT LAUDERDALE FL D JAEGER, CAROLYN 600 CORPORATE DR., #200 FT LAUDERDALE FL | DIRECTORS DELETE  | 13. 1.1 TT 12 N 1.3 S1 1.4 CI 1.2 TT 22 N 2.3 S1 2.4 C 3.1 TT 3.2 N  | Agent algoritum recus LE ME REET ADORESS IV-ST-ZIP LE ME REET ADORESS IV-ST-ZIP LE LE LE   | ADDITIONS/CHANGES TO OF<br>V.P.<br>Susan Riggio<br>600 Corporat | FICERS AND         | DIRECTO Change Suite 3333 Change        | RS IN 12  CX/Addition  200  Addition           | CPDENSA  |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZP | Sprillin. typed or printed name of registered about OFFICERS AND D SCHULMAN, CARRIE 600 CORPORATE DR., #200 FT LAUDERDALE FL D JAEGER, CAROLYN 600 CORPORATE DR., #200 FT LAUDERDALE FL | DELETE  DELETE  DELETE  DELETE                          | ### ##################################   | Agent algoritum menu  LE ME REET ADORESS TY-ST-ZIP LE   | ADDITIONS/CHANGES TO OF<br>V.P.<br>Susan Riggio<br>600 Corporat | FICERS AND         | DIRECTO Change Suite 3333 Change Change | RS IN 12  SYAddition  200  Addition  Addition  | , Manager and Mana |
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

THE RESUSAN RICEIN

SIGNATURE:

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