FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90490 002 ***150.00

DOCUMENT # - L23415

90099499

1. Entity Name
Approved Health Plans, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1000 Corporate Drive	1000 Corporate Drive
Street, Apt. #, etc 7th Floor	Street, Apt. #, etc 7th Floor
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip: 33334 County: Broward	Zip: 33334 County: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0150404 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature of new registered agent, if changing — NOTE: Registered Agent signature required by law

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P NAME Carrie Schulman STREET ADDRESS 1000 Corporate Drive 7floor CITY-ST-ZIP Fort Lauderdale,Fl.33334	
TITLE VP NAME Susan Riggio STREET ADDRESS 1000 Corporate Drive, 7th Floor CITY-ST-ZIP Fort Lauderdale, FL 33334	
TITLE NAME Carolyn Jaeger STREET ADDRESS 1000 Corporate Drive 7 Floor CITY-ST-ZIP Fort Lauderdale,Florida 33334	DO NOT WRITE IN THIS SPACE
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CR2E034E (12-00)

12. 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 the 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 10 or Block 11 with an address, with all other like empowered.

SIGNATURE: Susan Riggio VP Susan Riggio 4/17/03 954-689-9481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone