

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

CORPORATION,
APPROPRIATE REGISTRATION

1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

DOCUMENT # **L59116**

(8)

95 MAY -1 PM 11:33

PCA HEALTH PLANS OF FLORIDA, INC.

SECTION 100.01, F.S.
TALLAHASSEE, FLORIDA

% JOSE M MENENDEZ
6101 BLUE LAGOON DRIVE
MIAMI FL 33126

% JOSE M MENENDEZ
6101 BLUE LAGOON DRIVE
MIAMI FL 33126

21	26	3	3a
22	27	03/22/1990	04/12/1994
23	28	4	65-0187919
24	29	5	\$8.75 Additional Fee Required
25	30	6	\$5.00 May Be Added to Fees
		8	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENENDEZ, JOSE M
6101 BLUE LAGOON DR
STE 300
MIAMI FL 33126

81	82	83	84	85
				FL

11. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief, and that I am not aware of any information which would cause this filing to be false or misleading in any material particular.

12	13
DC KARDATZKE, E. STANLEY 6101 BLUE LAGOON DR MIAMI FL VCD KILUSSANLY, PETER E 6101 BLUE LAGOON DR MIAMI FL AT DONNELLY, CLIFFORD W. 6101 BLUE LAGOON DR MIAMI FL S MENENDEZ, JOSE M E 6101 BLUE LAGOON DR MIAMI FL VO WILHELM, CHARLES, C., MD 6101 BLUE LAGOON DR MIAMI FL VO SPENCER, RODNEY P 6101 BLUE LAGOON DR MIAMI FL	KARDATZKE, E Stanley, M.D. D P. Bert Cibran 6101 Blue Lagoon Dr Miami, FL 33126 MENENDEZ, JOSE M. T REITER, NEIL 6101 Blue Lagoon Dr. Miami, FL 33126 D Natkow, Neil A., D.O. 6101 Blue Lagoon Dr. Miami, FL 33126

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief, and that I am not aware of any information which would cause this filing to be false or misleading in any material particular.

SIGNATURE: *Peter E. Kilian*
PETER E. KILIAN
4/27/95 (305) 267-6633