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

DOCUMENT # **L59116** **(8)**

1. Corporation Name
PCA HEALTH PLANS OF FLORIDA, INC.

Principal Place of Business
% JOSE M MENENDEZ
6101 BLUE LAGOON DRIVE
MIAMI FL 33126

Mailing Address
% JOSE M MENENDEZ
6101 BLUE LAGOON DRIVE
MIAMI FL 33126

3. Date Incorporated or Qualified: **03/22/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **65-0187919** — 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

9. Name and Address of Current Registered Agent
MENENDEZ, JOSE M
6101 BLUE LAGOON DR
STE 300
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, typed or printed name of registered agent (or corporate agent) NOTE: Registered Agent signature is only required if changing — DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	KARDATZKE, E. S M.D.	
STREET ADDRESS	6101 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	KILISSANLY, PETER E	
STREET ADDRESS	6101 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	☒ DELETE
NAME	CIBRAN, BERT	
STREET ADDRESS	6101 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	MENENDEZ, JOSE M	
STREET ADDRESS	6101 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☒ DELETE
NAME	REITER, NEIL	
STREET ADDRESS	6101 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	NATKOW, NEIL A D.O	
STREET ADDRESS	6101 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Glen R. Johnson, M.D.	
3.3 STREET ADDRESS	6101 Blue Lagoon Drive	
3.4 CITY-ST-ZIP	Miami, Florida 33126	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DT	☐ Change ☒ Addition
5.2 NAME	Clifford W. Donnelly	
5.3 STREET ADDRESS	6101 Blue Lagoon Drive	
5.4 CITY-ST-ZIP	Miami, Florida 33126	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Peter R. Bernal	
6.3 STREET ADDRESS	6101 Blue Lagoon Drive	
6.4 CITY-ST-ZIP	Miami, Florida 33126	

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 is an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jose M. Menendez, Secretary

5/7/96 — Date
305-265-2920 — Daytime Phone #

CR2E034 (12/95)