

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 33126-2055

3. Date Incorporated or Qualified

03/22/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0187919

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

25

29

30

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 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

Sign, print, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC  
NAME KARDATZKE, E. S M.D.  
STREET ADDRESS 6101 BLUE LAGOON DR  
CITY-ST-ZIP MIAMI FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

TITLE P  
NAME KILISSANLY, PETER E  
STREET ADDRESS 6101 BLUE LAGOON DR  
CITY-ST-ZIP MIAMI FL

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME JOHNSON M.D. GLEN R.  
STREET ADDRESS 6101 BLUE LAGOON DRIVE  
CITY-ST-ZIP MIAMI FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE S  
NAME MENENDEZ, JOSE M  
STREET ADDRESS 6101 BLUE LAGOON DR  
CITY-ST-ZIP MIAMI FL

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE DT  
NAME DONNELLY, CLIFFORD  
STREET ADDRESS 6101 BLUE LAGOON DR  
CITY-ST-ZIP MIAMI FL

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME BERNAL, PETER R  
STREET ADDRESS 6101 BLUE LAGOON DR  
CITY-ST-ZIP MIAMI FL

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose M. Menendez, Secretary

Date

2/4/97

305-265-2920

Daytime Phone #

CR2E034 (9/96)