

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1990

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 500 WEST MAIN ST

Suite, Apt. #, etc.

22

City & State

23 LOUISVILLE, KY

Zip

24 40202

Country

25 US

2a. Mailing Address

26 P O BOX 740026

Suite, Apt. #, etc.

27

City & State

28 LOUISVILLE, KY

Zip

29 40201-7426

Country

30 US

g. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	KARDATZKE, E. S M.D.	
STREET ADDRESS	6101 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KILISSANLY, PETER E	
STREET ADDRESS	6101 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON M.D. GLEN R.	
STREET ADDRESS	6101 BLUE LAGOON DRIVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MENENDEZ, JOSE M	
STREET ADDRESS	6101 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	DONNELLY, CLIFFORD	
STREET ADDRESS	6101 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELIAS HOURANI, MD	
STREET ADDRESS	6101 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WOLF, GREGORY H.	
1.3 STREET ADDRESS	500 W MAIN	
1.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JERRY D. REEVES, MD	
2.3 STREET ADDRESS	500 W MAIN	
2.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	

3.1 TITLE	SRVP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McCALLISTER, MICHAEL B.	
3.3 STREET ADDRESS	500 W MAIN	
3.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	

4.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MURRAY, JAMES E.	
4.3 STREET ADDRESS	500 W MAIN	
4.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	

5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LENAHAN, JOAN O.	
5.3 STREET ADDRESS	500 W MAIN	
5.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	

6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BAUERNFEIND, GEORGE	
6.3 STREET ADDRESS	500 W MAIN	
6.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	

14. 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 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:

George Bauernfeind

GEORGE BAUERNFEIND, V.P. TAXES

(502)590-1000

30 1998

CR2E034 (10/97)