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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 # M00368

(4)

1. Corporation Name

PCA FAMILY HEALTH PLAN, INC.

Principal Place of Business

5959 BLUE LAGOON DRIVE
MIAMI FL 33126

Mailing Address

C/O JOE MENENDEZ
5835 BLUE LAGOON DRIVE
MIAMI FL 33126-2069

3. Date Incorporated or Qualified

05/08/1984

3a. Date of Last Report

09/23/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2403336

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

9. Name and Address of Current Registered Agent

MENENDEZ, JOSE M., ESQ.
5835 BLUE LAGOON DRIVE
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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETENAME KARDATZKE, E., STANLEY
STREET ADDRESS 5835 BLUE LAGOON DR
CITY-ST-ZIP MIAMI FLTITLE D ☐ DELETENAME KILISSANLY, PETER, E
STREET ADDRESS 5835 BLUE LAGOON DR
CITY-ST-ZIP MIAMI FLTITLE PD ☐ DELETENAME HOURANI, ELIAS
STREET ADDRESS 5959 BLUE LAGOON DRIVE
CITY-ST-ZIP MIAMI FLTITLE D ☐ DELETENAME JOHNSON, GLEN R.
STREET ADDRESS 5835 BLUE LAGOON DR.
CITY-ST-ZIP MIAMI FLTITLE S ☐ DELETENAME MENENDEZ, JOSE M
STREET ADDRESS 5835 BLUE LAGOON DR.
CITY-ST-ZIP MIAMI FLTITLE TD ☐ DELETENAME DONNELLY, CLIFFORD W.
STREET ADDRESS 5835 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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Jose M. Menendez

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:

/Jose M. Menendez, Secretary

2/4/97

305-265-2920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)