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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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1984

4. FEI Number

59-2403336

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

Suite, Apt. #, etc.

500 WEST MAIN ST

City & State

LOUISVILLE, KY

Zip

40202

Country

US

2a. Mailing Address

26

Suite, Apt. #, etc.

P O BOX 740026

City & State

LOUISVILLE, KY

Zip

40201-7426

Country

US

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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 titled applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CD
KARDATZKE, E., STANLEY
5835 BLUE LAGOON DR
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
KILISSANLY, PETER, E
5835 BLUE LAGOON DR
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
HOURANI, ELIAS
5959 BLUE LAGOON DRIVE
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
JOHNSON, GLEN R.
5835 BLUE LAGOON DR.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
JOSE M MENENDEZ
5835 BLUE LAGOON DR.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
DONNELLY, CLIFFORD W.
5835 BLUE LAGOON DR
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD
WOLF, GREGORY H.
500 W MAIN
LOUISVILLE KY 40201-1438

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D
JERRY D. REEVES, MD
500 W MAIN
LOUISVILLE KY 40201-1438

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SRVP D
McCALLISTER, MICHAEL B.
500 W MAIN
LOUISVILLE KY 40201-1438

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

CFO
MURRAY, JAMES E.
500 W MAIN
LOUISVILLE KY 40201-1438

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

S
LENAHAN, JOAN O.
500 W MAIN
LOUISVILLE KY 40201-1438

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP
BAUERNFEIND, GEORGE
500 W MAIN
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)(f), 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.

APR 30 1998

CR2E034 (10/97)