FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M18884** **(0)**

1. Corporation Name
FLORIDA 1ST HEALTH PLAN, INC.

Principal Place of Business	Mailing Address
1201 1ST STREET SE SUITE #A P.O. BOX 9126 WINTER HAVEN FL 33883-9127 US	1201 1ST STREET SE SUITE #A P.O. BOX 9126 WINTER HAVEN FL 33883-9126 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/02/1985
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24: 33883-9126
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2598550 ☐ 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

ANASTASIO, LANCE W.
200 AVENUE F, N.E.
WINTER HAVEN FL 33880

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: LANCE W. ANASTASIO — Lance W. Anastasio — 4-10-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	STRAUGHN, JACK	12 NAME	
STREET ADDRESS	601 S LAKE FLORENCE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	
TITLE	VCD	21 TITLE	☐ Change ☐ Addition
NAME	TUCKER, LARRY D.	22 NAME	
STREET ADDRESS	7 LAKE LINK DR. SE	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	DANTZLER, RICHARD	32 NAME	
STREET ADDRESS	860 W. LAKE OTIS DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BOSTICK, GUY	42 NAME	
STREET ADDRESS	1300 W. LAKE OTIS DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	COONEY, RAYMOND H.	52 NAME	
STREET ADDRESS	151 WODEN WAY	53 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ADAMS, BEN R.	62 NAME	
STREET ADDRESS	1920 N. LAKE HOWARD DR.	63 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	64 CITY-ST-ZIP	

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)(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: — 4-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — (Telephone Number)
JACK STRAUGHN

0818630 CP