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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M18884

(0)

1. Corporation Name

FLORIDA 1ST HEALTH PLANS, INC.

Principal Place of Business

1201 1ST STREET SE SUITE #A
P.O. BOX 9126
WINTER HAVEN FL 33883-9126
US

Mailing Address

1201 1ST STREET SE SUITE #A
P.O. BOX 9126
WINTER HAVEN FL 33883-9126
US



2. Principal Place of Business

21 3425 LA ALFREDO Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 9126
Suite, Apt. #, etc.

City & State

23 WINTER HAVEN FL

City & State

28 WINTER HAVEN FL

Zip

24 33881-1445 25 POLK

Zip

29 33883- 30 POLK

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/02/1985

3a. Date of Last Report

02/14/1996

4. FEI Number

59-2598550

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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 607.1003, 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 NAME STREET ADDRESS CITY-ST-ZIP

CD STRAUGHN, JACK
601 S LAKE FLORENCE DR.
WINTER HAVEN FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VCD TUCKER, LARRY D.
7 LAKE LINK DR. SE
WINTER HAVEN FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD DANTZLER, RICHARD
880 W. LAKE OTIS DRIVE
WINTER HAVEN FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BOSTICK, GUY
1300 W. LAKE OTIS DRIVE
WINTER HAVEN FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD COONEY, RAYMOND H.
151 WODEN WAY
WINTER HAVEN FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D ADAMS, BEN R.
1920 N. LAKE HOWARD DR.
WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

Sandra B. Mortham

CR2E034 (9/96)