

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # M18884**1. Entity Name
FLORIDA 1ST HEALTH PLANS, INC.

Principal Place of Business	Mailing Address
3425 LK ALFRED RD	P O BOX 9126
WINTER PARK FL 33881445 US	WINTER HAVEN FL 33883126 US

2. Principal Place of Business	3. Mailing Address
3425 LK ALFRED RD	P O BOX 9126

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
WINTER HAVEN FL	WINTER HAVEN FL

Zip	Country	Zip	Country
33881445	US	33883126	US

4. FEI Number	Applied For
59-2598550	Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentANASTASIO, LANCE W.
200 AVENUE F, N.E.

WINTER HAVEN FL 33880**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **02/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	NOLEN J M	
STREET ADDRESS	1441 GRAND CAYMAN DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORROW RON	
STREET ADDRESS	264 LK LINK DR SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, BEN R.	
STREET ADDRESS	1920 N. LAKE HOWARD DR.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	CDS	<input type="checkbox"/> Delete
NAME	DANTZLER, RICHARD	
STREET ADDRESS	860 W. LAKE OTIS DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	IVC	<input type="checkbox"/> Delete
NAME	TUCKER, LARRY D.	
STREET ADDRESS	7 LAKE LINK DR. SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCPHERSON CHARLES	
STREET ADDRESS	CYPRESS COVE RD SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLEN J M	
STREET ADDRESS	1441 GRAND CAYMAN DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANTZLER, RICHARD	
STREET ADDRESS	860 W. LAKE OTIS DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD DANTZLER

CD 02/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)