2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 AM
Secretary of State

DOCUMENT# M18884

Entity Name: FLORIDA 1ST HEALTH PLANS, INC.

Current Principal Place of Business:

3425 LK ALFRED RD
WINTER HAVEN, FL 33881445 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 9126
WINTER HAVEN, FL 338839126 US

New Mailing Address:

FEI Number: 59-2598550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MCPHERSON, CHARLES	
Address:	CYPRESS COVE RD SE	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	1VC	( ) Delete
Name:	TUCKER, LARRY D.,	
Address:	7 LAKE LINK DR. SE	
City-St-Zip:	WINTER HAVEN, FL	
Title:	CD	( ) Delete
Name:	DANTZLER, RICHARD,	
Address:	860 W. LAKE OTIS DRIVE	
City-St-Zip:	WINTER HAVEN, FL	
Title:	D	(X) Delete
Name:	ADAMS, BEN R.,	
Address:	1920 N. LAKE HOWARD DR.	
City-St-Zip:	WINTER HAVEN, FL	
Title:	T	( ) Delete
Name:	MORROW, RON	
Address:	264 LK LINK DR SE	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	S	( ) Delete
Name:	NOLEN, J M	
Address:	1441 GRAND CAYMAN DR	
City-St-Zip:	WINTER HAVEN, FL 33884	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD DANTZLER MR 04/11/2002

Electronic Signature of Signing Officer or Director — Date