

**02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

(AMENDED)

FILED

DOCUMENT # M18884

1. Entity Name

CAREPLUS HEALTH PLANS, INC.

02 DEC 11 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
55 Alhambra Plaza

3. Mailing Address
55 Alhambra Plaza

Suite, Apt. #, etc.
7th Floor

Suite, Apt. #, etc.
7th Floor

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

4. FEI Number
592598550

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
American Information Services, Inc.

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

One Southeast Third Avenue, 28th Floor

City Miami FL Zip Code
33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
D/P/CEO
FERNANDEZ, MIGUEL B.
STREET ADDRESS
CITY- ST- ZIP
55 Alhambra Plaza, 7F, C. Gables, FL 33134

TITLE
NAME
VP/COO
JIMENEZ, PETER
STREET ADDRESS
CITY- ST- ZIP
55 Alhambra Plaza, 7F, C. Gables, FL 33134

TITLE
NAME
CFO
BROWN, FREDERICK
STREET ADDRESS
CITY- ST- ZIP
55 Alhambra Plaza, 7F, C. Gables, FL 33134

TITLE
NAME
S/T
ABOOD, JOSEPH
STREET ADDRESS
CITY- ST- ZIP
55 Alhambra Plaza, 7F, C. Gables, FL 33134

TITLE
NAME
D
MEDEL, ROGER
STREET ADDRESS
CITY- ST- ZIP
55 Alhambra Plaza, 7F, C. Gables, FL 33134

TITLE
NAME
D
KOEPPPEL, ROBERT L.
STREET ADDRESS
CITY- ST- ZIP
55 Alhambra Plaza, 7F, C. Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
600009473036
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STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)