

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M18884

FILED
Jul 07, 2005
Secretary of State

Entity Name: CAREPLUS HEALTH PLANS, INC.

Current Principal Place of Business:

55 ALHAMBRA PLAZA
7TH FLOOR
CORAL GABLES, FL 33134 US

New Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202 US

Current Mailing Address:

55 ALHAMBRA PLAZA
7TH FLOOR
CORAL GABLES, FL 33134 US

New Mailing Address:

P.O. BOX 740026
LOUISVILLE, KY 40201 US

FEI Number: 59-2598550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPCE () Delete
Name: FERNANDEZ, MIGUEL B
Address: 55 ALHAMBRA PLAZA TF, C
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: JIMENEZ, PETER
Address: 55 ALHAMBRA PLAZA
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP () Delete
Name: BROWN, FREDERICK
Address: 1410 N. WESTSHORE BLVD., STE 200
City-St-Zip: TAMPA, FL 33607 US

Title: ST () Delete
Name: ABOOD, JOSEPH
Address: 55 ALHAMBRA PLAZA
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D () Delete
Name: MEDEL, ROGER
Address: 55 ALHAMBRA PLAZA
City-St-Zip: CORAL GABLES, FL 33131 US

Title: D () Delete
Name: KOEPEL, ROBERT L
Address: 55 ALHAMBRA PLAZA
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCALLISTER, MICHAEL B
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: D (X) Change () Addition
Name: MURRAY, JAMES E
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202 US

Title: VP (X) Change () Addition
Name: BAUERNFEIND, GEORGE
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202 US

Title: SVPT (X) Change () Addition
Name: BLOEM, JAMES H
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202 US

Title: S (X) Change () Addition
Name: LENAHAN, JOAN O
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202 US

Title: VP (X) Change () Addition
Name: PELLEGRINO, KATHLEEN
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202 US

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: GEORGE BAUERNFEIND

VP

07/07/2005

Electronic Signature of Signing Officer or Director

Date