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Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90761 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70026717

DOCUMENT # M18884

1. Entity Name
CAREPLUS HEALTH PLANS, INC.

Principal Place of Business	Mailing Address
55 ALHAMBRA PLAZA 7TH FLOOR CORAL GABLES, FL 33134 US	55 ALHAMBRA PLAZA 7TH FLOOR CORAL GABLES, FL 33134 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2598550 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVE.
28TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name PATTI ELLIS
Street Address (P.O. Box Number Is Not Acceptable)
55 ALHAMBRA PLAZA
7TH FLOOR
City CORAL GABLES FL Zip Code 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Patti L. Ellis (Signature, typed or printed name of registered agent and title if applicable.) Patti L. Ellis RESIDENT 3/6/03 (NOTE: Registered Agent signature required when changing) DATE

FILE NOW! FEE is $150.00
After May 1, 2003 fee will be $500.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPCE FERNANDEZ, MIGUEL B 55 ALHAMBR PLAZA 7F, C CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VCOO~~ JIMENEZZ, PETER 55 ALHAMBRA PLAZA CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JIMENEZ, PETER	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO BROWN, FREDERICK 55 ALHAMBRA PLAZA CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V, CFO 1410 N WESTSHORE BLVD; STE 210 TAMPA, FL 33607	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ABOOD, JOSEPH 55 ALHAMBRA PLAZA CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEDEL, ROGER 55 ALHAMBRA PLAZA CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOEPPEL, ROBERT L 55 ALHAMBRA PLAZA CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED W BROWN VP-CFO 3/6/2003 (813)829-8318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #