

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M30653 (3)

1. Corporation Name
SUNSTAR HEALTH PLAN, INC.

Principal Place of Business
521 E. STATE ROAD 434
LONGWOOD FL 32750
US

Mailing Address
521 E. STATE ROAD 434
LONGWOOD FL 32750-5221
US



3. Date Incorporated or Qualified 04/17/1986
3a. Date of Last Report 02/16/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

4. FEI Number 59-2663595
Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JESSE, DAVID A
521 E. STATE ROAD 434
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *David A. Jesse* 4:30-97
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	ADM	<input checked="" type="checkbox"/> DELETE
NAME	HELLER, ROBERT	
STREET ADDRESS	231 EAST NEW HAVEN AVENUE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STOWELL, WARREN	
STREET ADDRESS	231 EAST NEW HAVEN AVENUE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID A. JESSE	
1.3 STREET ADDRESS	521 E. STATE ROAD 434	
1.4 CITY - ST - ZIP	LONGWOOD, FL. 32750	
2.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	521 EAST STATE ROAD 434	
2.4 CITY - ST - ZIP	LONGWOOD, FL. 32750	
3.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JACK SHIELDS	
3.3 STREET ADDRESS	521 EAST STATE ROAD 434	
3.4 CITY - ST - ZIP	LONGWOOD, FL. 32750	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13, changed on an attachment with an address.

SIGNATURE: *Jack Shields* 4/30/97 407-339-4997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)