


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 US		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 300 INTERNATIONAL PKWY Suite, Apt. #, etc. 22 230 City & State 23 HEATHROW FL Zip 24 32746		2a. Mailing Address 25 300 INTERNATIONAL PKWY Suite, Apt. #, etc. 26 230 City & State 27 HEATHROW, FL. Zip 28 32746 Country 29 USA		3. Date Incorporated or Qualified 04/17/1986	
4. FEI Number 59-2663595		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
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) 300 INTERNATIONAL PARKWAY 83 SUITE 230 84 City HEATHROW FL 85 Zip Code 32746			

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

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

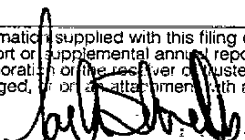
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSE, DAVID A	1.2 NAME	
STREET ADDRESS	521 E. STATE RD 434	1.3 STREET ADDRESS	300 INTERNATIONAL PKWY
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	HEATHROW, FL. 32746
TITLE	PC <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOWELL, WARREN	2.2 NAME	PC WARREN STOWELL
STREET ADDRESS	521 EAST STATE RD 434	2.3 STREET ADDRESS	300 INTERNATIONAL PKWY
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	HEATHROW, FL. 32746
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, JACK	3.2 NAME	
STREET ADDRESS	521 EAST STATE RD 434	3.3 STREET ADDRESS	300 INTERNATIONAL PKWY
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	HEATHROW, FL. 32746
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 if changed, or in an attachment with an address.

SIGNATURE:



JACK SHIELDS CEO

1/19/98

304-1066

CR2E034 (10/97)