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May 06 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 # M90511 (0)

1. Corporation Name

PRINCIPAL HEALTH CARE OF FLORIDA, INC.

Principal Place of Business

1200 GULF LIFE DRIVE, SUITE 500
JACKSONVILLE FL 32207

Mailing Address

711 HIGH STREET
C/O CREIGHTON, LAW DEPT.
DES MOINES IA 50392-0001
US



2. Principal Place of Business

21 711 High Street

Suite, Apt. #, etc.

22 c/o Creighton, Law Dept.

City & State

23 Des Moines, IA

Zip

Country

24 50392

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/21/1988

3a. Date of Last Report

04/24/1996

4. FEI Number

42-1341161

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 PD ☐ DELETE

NAME LINDE, KENNETH J.

STREET ADDRESS 9453 REACH RD.

CITY-ST-ZIP POTOMAC MD

TITLE VD ☐ DELETE

NAME TAYLOR, SHARON I.

STREET ADDRESS 202 LAZY HOLLOW DRIVE

CITY-ST-ZIP GAITHERSBURG MD

TITLE VAT ☒ DELETE

NAME WISGERHOF, JERRY G.

STREET ADDRESS 7113 TWANA DRIVE

CITY-ST-ZIP URBAN DALE IA

TITLE VS ☐ DELETE

NAME HOFFMAN, JOYCE N.

STREET ADDRESS 5834 PLEASANT DRIVE

CITY-ST-ZIP DES MOINES IA

TITLE DVAS ☐ DELETE

NAME MRIZEK, ROBERT

STREET ADDRESS 22421 ROLLING HILL LANE

CITY-ST-ZIP LAYTONSVILLE MD

TITLE V ☒ DELETE

NAME HENRY, JAMES F.H.

STREET ADDRESS 1200 GULF LIFE DRIVE, SUITE 500

CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

711 High Street

Des Moines, IA 50392

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

711 High Street

Des Moines, IA 50392

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

V/T

Goltz, David W.

711 High Street

Des Moines, IA 50392

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

711 High Street

Des Moines, IA 50392

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

711 High Street

Des Moines, IA 50392

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V

Whitty, Steven C.

711 High Street

Des Moines, IA 50392 (See Attachment A)

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 if changed, or on an attachment with an address.

SIGNATURE:

Joyce N. Hoffman REQUIRED

4/22/97

515/247-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce N. Hoffman, Vice President & Corporate Secretary

Date

Daytime Phone #

0606703

CR2E034 (9/96)

Attachment A
Principal Health Care of Florida, Inc.
Directors and Officers

15-Apr-97

Director

Name, Title, and Date Elected

Kenneth Jon Linde Chairman	10/8/96
Charles E. Clevenger, M.D.	10/8/96
Robert James Mrizek	10/8/96
Sharon Irene Taylor	10/8/96

Officer

Name, Title, and Date Elected

Kenneth Jon Linde President	10/8/96
James George Stumpf Vice President	12/9/96
David William Goltz Vice President - Finance and Treasurer	10/8/96
Steven Clark Whitty Vice President - Marketing and Sales	10/8/96
Charles Claiborne Wilhelm, M.D. Vice President - Medical Affairs	10/8/96
Sharon Irene Taylor Vice President - Operations	10/8/96
David Lee Weiss Vice President - Planning and Development	10/8/96
Joyce Nixon Hoffman Vice President and Corporate Secretary	10/8/96
Robert James Mrizek Vice President, Counsel, and Assistant Secretary	10/8/96
Catherine Murphy Leopold Director - Operations	10/8/96