

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N07123** (5)

1. Corporation Name

HIP HEALTH PLAN OF FLORIDA, INC.



Principal Place of Business

Mailing Address

300 SOUTH PARK ROAD
FOURTH FLOOR
HOLLYWOOD FL 33021
US

300 SOUTH PARK ROAD
FOURTH FLOOR
HOLLYWOOD FL 33021
US

3. Date Incorporated or Qualified
01/14/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2552016

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

COHEN, STEVEN M
300 SOUTH PARK ROAD
4TH FLOOR
HOLLYWOOD FL 33021

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 617.0502 and 617.1508, 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 617.0503, 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 **P** ☐ DELETE
NAME **COHEN, STEVEN M**
STREET ADDRESS **HIP 1895 W COMMERCIAL BL**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **C** ☐ DELETE
NAME **WATSON, ANTHONY L.**
STREET ADDRESS **HIP 7 W. 34TH STREET**
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☒ DELETE
NAME **LEWIS, STEPHEN I.**
STREET ADDRESS **HIP 7 W. 34TH STREET**
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☒ DELETE
NAME **WINTERBLE, EILEEN S**
STREET ADDRESS **HIP 7 W. 34TH STREET**
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☒ DELETE
NAME **FASS, MAXINE, ESQ.**
STREET ADDRESS **HIP 7 W. 34TH STREET**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **HIP 300 South Park Road 4th-F1**
1.4 CITY-ST-ZIP **Hollywood, FL 33021**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **600001801776**
2.4 CITY-ST-ZIP **-04/30/96- 01100--015**
*****278.75**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Vice Chairmain/Directo**
3.3 STREET ADDRESS **Charles Johnston - CD**
3.4 CITY-ST-ZIP **HIP 7 W. 34th Street**
New York, NY 10001

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Treasurer**
4.3 STREET ADDRESS **Laurie Levine - TD**
4.4 CITY-ST-ZIP **HIP 300 South Park Rd.-4th F1**
Hollywood, FL 33021

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Secretary**
5.3 STREET ADDRESS **Gerald M. Cohen - SD**
5.4 CITY-ST-ZIP **HIP 300 South Park Rd.-4th F1**
Hollywood, FL 33021

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Cohen, President 4/12/96 (305)962-3008

Date

Daytime Phone # x4009

CR2E037 (12/95)