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FILED

Mar 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

300 SOUTH PARK ROAD  
FOURTH FLOOR  
HOLLYWOOD FL 33021  
US

Mailing Address

300 SOUTH PARK ROAD  
FOURTH FLOOR  
HOLLYWOOD FL 33021-8593  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/14/1985

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2552016

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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, GERALD M ESQ  
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 DP  
NAME COHEN, STEVEN M  
STREET ADDRESS HIP - 300 S. PARK RD  
CITY - ST - ZIP HOLLYWOOD FL 33021☐ DELETETITLE C  
NAME WATSON, ANTHONY L  
STREET ADDRESS HIP - 7 W 34TH ST  
CITY - ST - ZIP NEW YORK NY 10010☐ DELETETITLE DVC  
NAME JOHNSTON, CHARLES  
STREET ADDRESS 1301 N. HARRISON ST., STE 68  
CITY - ST - ZIP PRINCETON NJ 08540-3512☐ DELETETITLE D  
NAME NEECK, BERNARD J  
STREET ADDRESS 224 EDSALL TERR  
CITY - ST - ZIP PEARL RIVER NY 10965☐ DELETETITLE D  
NAME PERRAUD, ROBERT D  
STREET ADDRESS 7960 NW 4TH PL  
CITY - ST - ZIP PLANTATION FL 33317☐ DELETETITLE D  
NAME SCARLATOS, PETER  
STREET ADDRESS 25 CLIFF ST  
CITY - ST - ZIP NEW YORK NY 10038☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME WICKS, VICTORIA  
1.3 STREET ADDRESS HIP - 7 West 34th Street  
1.4 CITY - ST - ZIP New York, New York 10010☐ Change ☒ Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP☐ Change ☐ Addition3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP☐ Change ☐ Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP☐ Change ☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP☐ Change ☐ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP☐ Change ☐ Addition

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 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

Date

Daytime Phone # 0021612

CR2E037 (9/96)