

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90011 044 ****70.00

DOCUMENT # N07123

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
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

01/14/1985

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

9. Name and Address of Current Registered Agent

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

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 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

☐ DELETE

TITLE DP
NAME COHEN, STEVEN M
STREET ADDRESS HIP - 300 S. PARK RD
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE C
NAME WATSON, ANTHONY L
STREET ADDRESS HIP - 7 W 34TH ST
CITY-ST-ZIP NEW YORK NY 10010

TITLE DVC
NAME JOHNSTON, CHARLES
STREET ADDRESS 1301 N. HARRISON ST., STE 68
CITY-ST-ZIP PRINCETON NJ 08540-3512

TITLE D
NAME NEECK, BERNARD J
STREET ADDRESS 224 EDSALL TERR
CITY-ST-ZIP PEARL RIVER NY 10965

TITLE D
NAME PERRAUD, ROBERT D
STREET ADDRESS 7960 NW 4TH PL
CITY-ST-ZIP PLANTATION FL 33317

TITLE D
NAME SCARLATOS, PETER
STREET ADDRESS 25 CLIFF ST
CITY-ST-ZIP NEW YORK NY 10038

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
Fullwood, Michael
HIP - 7 W. 34th Street
New York, New York 10010

D
McGowan, Daniel T.
HIP - 7 West 34th St
New York, New York 10010

S
Cohen Gerald M.
HIP - 300 S. Park Road
Hollywood, Florida 33021

T
Paleos, Michael K.
HIP - 300 S. Park Road
Hollywood, Florida 33021

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/99 (954) 962-3008

CR2E037 (5/99)