

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N20332

(5)

1. Corporation Name

BRCH HEALTH PLANS, INC.



Principal Place of Business

Mailing Address

% BOCA RATON COMMUNITY HOSPITAL, INC.  
800 MEADOWS RD  
BOCA RATON FL 33486

% BOCA RATON COMMUNITY HOSPITAL, INC.  
800 MEADOWS RD  
BOCA RATON FL 33486

3. Date Incorporated or Qualified  
04/24/1987

3a. Date of Last Report  
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0223615

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

MCGIBANY, SUSIE

% BOCA RATON COMMUNITY HOSPITAL, INC.  
800 MEADOWS RD  
BOCA RATON FL 33486

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 fee if applicable

(NOTE: Registered Agent signature required with nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD WEST, NATHANIEL D. ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
745 MEADOWS ROAD  
BOCA RATON FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TVD ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MCGIBANY, W. SUSIE  
745 MEADOWS ROAD  
BOCA RATON FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GUTZEIT, VONNIE  
745 MEADOWS ROAD  
BOCA RATON FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE VD ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PIERCE, RANDOLPH  
745 MEADOWS ROAD  
BOCA RATON FL

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

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:

*Susie McGibany*

Susie McGibany

4/24/96

(407) 393-4030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)