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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N93000005476 (7)

1. Corporation Name
FLORIDA HEALTH CARE PLAN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

**350 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114
US** **350 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114
US**

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

3. Date Incorporated or Qualified
11/30/1993

3a. Date of Last Report
04/28/1994

4. FEI Number
59-3222484

Applied For
Not Applicable

5. Certificate of Status Desired **\$68.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

APPLICATION PENDING W/IRS

9. Name and Address of Current Registered Agent

**DAVIDSON, DAVID J
303 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 D

NAME STANSFELD, MARY J

STREET ADDRESS 884 PENINSULA DR

CITY - ST - ZIP ORMOND BEACH FL 32178

TITLE D

NAME JOHNSON, LAUREN R

STREET ADDRESS 1390 E. OHIO STREET

CITY - ST - ZIP LAKE HELEN FL

TITLE D

NAME FLEMING SHEILA Y

STREET ADDRESS 7 BIRCHWOOD TR

CITY - ST - ZIP ORMOND BEACH FL

TITLE P

NAME SIMPSON JR EDWARD F

STREET ADDRESS 350 NORTH CLYDE MORRIS BLVD

CITY - ST - ZIP DAYTONA BEACH FL

TITLE VS

NAME MOORE III WILLIAM T

STREET ADDRESS 1340 RIDGEWOOD AVE

CITY - ST - ZIP HOLLY HILLS FL

TITLE Y

NAME CUNNINGHAM CARLETON B

STREET ADDRESS 350 NORTH CLYDE MORRIS BLVD

CITY - ST - ZIP DAYTONA BEACH 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

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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 110.07(3)(A), 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: *Edward F. Simpson, Jr.* 5/22/95 (904) 676-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #

Edward F. Simpson, Jr.