

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000005476 (7)**  
1. Corporation Name  
**FLORIDA HEALTH CARE PLAN, INC.**



Principal Place of Business <b>350 N CLYDE MORRIS BLVD DAYTONA BEACH FL 32114 US</b>	Mailing Address <b>350 N CLYDE MORRIS BLVD DAYTONA BEACH FL 32114-2733 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified <b>11/30/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
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4. FEI Number <b>59-3222484</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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  
**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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STANSFELD, MARY J</b>	
STREET ADDRESS	<b>864 PENINSULA DR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, LAUREN R</b>	
STREET ADDRESS	<b>1390 E. OHIO STREET</b>	
CITY-ST-ZIP	<b>LAKE HELEN FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DUNN, LUCKEY M M.D.</b>	
STREET ADDRESS	<b>15 SUNSET TERRACE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMPSON JR EDWARD F</b>	
STREET ADDRESS	<b>350 NORTH CLYDE MORRIS BLVD</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHANDEL, DAVID C</b>	
STREET ADDRESS	<b>25 CHOCTAW TRAIL</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CARLTON, ALICE M</b>	
STREET ADDRESS	<b>5110 GREAT OAK LANE</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 \_\_\_\_\_ DATE **2/17/97**

CF2E037 (9/96)