2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1340 RIDGEWOOD AVE

HOLLY HILL FL 32117-2320

DOCUMENT # **N93000005476**

Principal Place of Business

1340 RIDGEWOOD AVE

HOLLY HILL FL 32117

FLORIDA HEALTH CARE PLAN, INC.

US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3222484 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DAVIDSON, DAVID J 303 N CLYDE MORRIS BLVD DAYTONA BEACH FL 32114 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. オルイニ Later de Con market and the SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change TITLE TITLE ☐ Delete NAME STANSFELD, MARY J NAME STREET ADDRESS STREET ADDRESS 864 PENINSULA DR CITY-ST-ZIP CITY-ST-ZIP **ORMOND BEACH FL 32176** Change Addition ☐ Delete TITLE TITLE NAME JOHNSON, LAUREN R NAME STREET ADDRESS STREET ADDRESS 1390 E. OHIO STREET CITY-ST-ZIP CITY-ST-ZIP LAKE:HELEN:FL = --= Addition ☐ Delete TITLE Change NAME NAME DUNN, LUCKEY M M.D. STREET ADDRESS STREET ADDRESS 15 SUNSET TERRACE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL CEO X Change Addition ☐ Delete TITLE TITLE SIMPSON JR EDWARD F NAME NAME STREET ADDRESS 350 NORTH CLYDE MORRIS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ☐ Addition COO X Change Delete TITLE TITLE SCHANDEL, DAVID C NAME NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90132 013 ****61.25

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS 25 CHOCTAW TRAIL

ORMOND BEACH FL

CARLTON, ALICE M

changed, or on an attachment with an add

SANFORD FL

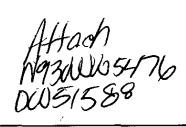
5110 GREAT OAK LANE

with all other like empowered.

☐ Delete

Change

Addition



10.	OFFICERS AND DIRECTORS	10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	Delete	TITLE	P	Change	X Addition
NAME		NAME	MYERS, WENDY A. M.D.		
STREET ADDRESS		STREET ADDRESS	15 SUNSET TERRACE		
CITY-ST-ZIP		CITY-ST-ZIP	DAYTONA BEACH FL		
TITLÉ	Delete	TITLE	V	Change	X Addition
NAME		NAME	WILLIAMS, DAVID L. M.D.		
STREET ADDRESS		STREET ADDRESS	118 RIVER BLUFF DR		
CITY-ST-ZIP		CITY-ST-ZIP	ORMOND BEACH FL		
TITLE	Delete	TITLE	D	Change	X Addition
NAME		NAME	MCKINNON, NOAH		
STREET ADDRESS	•	STREET ADDRESS	595 W. GRANADA BLVD.		
CITY-ST-ZIP		CITY-ST-ZIP	ORMOND BEACH FL		