

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N93000005476

1. Entity Name

FLORIDA HEALTH CARE PLAN, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1340 RIDGEWOOD AVE HOLLY HILL FL 32117 US	Mailing Address 1340 RIDGEWOOD AVE HOLLY HILL FL 32117-2320 US
---	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3222484	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **4/26/00** **(904) 676-7184**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

Attach
 1930005476
 0051588

10. OFFICERS AND DIRECTORS		10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Delete	TITLE	P Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MYERS, WENDY A. M.D.
STREET ADDRESS		STREET ADDRESS	15 SUNSET TERRACE
CITY-ST-ZIP		CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	Delete	TITLE	V Change <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Addition
NAME		NAME	MCKINNON, NOAH
STREET ADDRESS		STREET ADDRESS	595 W. GRANADA BLVD.
CITY-ST-ZIP		CITY-ST-ZIP	ORMOND BEACH FL