

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

0008661

DOCUMENT # N93000005476

05-12-2001 90030 022 ****61.25

1. Entity Name

FLORIDA HEALTH CARE PLAN, INC.

Principal Place of Business

Mailing Address

1340 RIDGEWOOD AVE
 HOLLY HILL FL 32117
 US

1340 RIDGEWOOD AVE
 HOLLY HILL FL 32117
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3222484

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

12. I 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 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: _____

SIGNATURES REQUIRED

4/23/01

(386) 676-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment
 #N930000054176
 D0049329

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D James Huger 935 Sycamore St. Daytona Beach, FL 32114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E037 (10/00)