

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91486 016 ****61.25

DOCUMENT # N93000005476

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**

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

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	350 North Clyde Morris Blvd.	
CITY-ST-ZIP	Daytona Beach, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	350 North Clyde Morris Blvd.	
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS	350 North Clyde Morris Blvd.	
CITY-ST-ZIP	Daytona Beach, FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	350 North Clyde Morris Blvd.	
CITY-ST-ZIP	Daytona Beach, FL	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02
 Date

(386) 676-7100
 Daytime Phone #

CR2E037 (9/01)

attachment # N93000005476

949/535

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	S James Huger 350 North Clyde Morris Blvd. Daytona Beach, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E037 (10/00)