


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90287 001 ****61.25

DOCUMENT # N93000005476

1. Entity Name
FLORIDA HEALTH CARE PLAN, INC.



Principal Place of Business
1340 RIDGEWOOD AVE
HOLLY HILL, FL 32117 US

Mailing Address
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

04062005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3222484

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STANSFIELD, MARY J	
STREET ADDRESS	350 NORTH CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNN, LUCKEY M M.D.	
STREET ADDRESS	350 NORTH CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SIMPSON JR EDWARD F	
STREET ADDRESS	350 NORTH CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	COO	<input type="checkbox"/> Delete
NAME	SCHANDEL, DAVID C	
STREET ADDRESS	350 NORTH CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARLTON, ALICE M	
STREET ADDRESS	350 NORTH CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	S	<input checked="" 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, WENDY A., M.D.	
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: David C. Schandel  4/20/2005 386-676-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
 # N 9300 0005476

H0065H50

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	V WILLIAMS, DAVID L., M.D. 350 NORTH CLYDE MORRIS BLVD. DAYTONA BEACH, FL <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	D MCKINNON, NOAH 350 NORTH CLYDE MORRIS BLVD. DAYTONA BEACH, FL <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	D HUGER, JAMES 350 NORTH CLYDE MORRIS BLVD. DAYTONA BEACH, FL <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	D HUTH TIMOTHY J 350 NORTH CLYDE MORRIS BLVD. DAYTONA BEACH, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOPER, FRED 350 NORTH CLYDE MORRIS BLVD. DAYTONA BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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