


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90027 002 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03122008 Chg-NP CR2E037 (12/06)

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) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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	STCF	<input type="checkbox"/> Delete
NAME	SCHANDEL, DAVID C	
STREET ADDRESS	350 NORTH CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MYERS, WENDY A MD	
STREET ADDRESS	350 NORTH CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLNESS, BETTY	
STREET ADDRESS	350 NORTH CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D*	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES HUGER SR.,	
STREET ADDRESS	350 NORTH CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOAH MCKINNON, ESQUIRE	
STREET ADDRESS	350 NORTH CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATSY GRAHAM	
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 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 exemptions contained in Chapter 119, 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, CFO/S/T** **4/21/08** **386-676-7100**

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