FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 OCT 15 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003204

1. Corporation Name

TAMPA GENERAL HEALTHPLAN, INC.

Principal Place of Business	Mailing Address
101 E. Kennedy Blvd. Suite 1240, Barnett Plaza Tampa, FL 33602	P. O. Box 211 Tampa, FL 33602

3. Date Incorporated or Qualified: 06/23/94

4. FEI Number: 59-6080735 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 100 S. Ashley Drive	26 100 S. Ashley Drive
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 300
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33602 Country 25 USA	Zip 29 33602 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Michael N. Brown, Esq. Allen, Dell, Frank & Trinkle 101 E. Kennedy Blvd. Barnett Plaza, Suite 1240 Tampa, FL 33602 US	81 Name: Buchanan Ingersoll Professional Corporation 82 Street Address (P.O. Box Number is Not Acceptable): 401 E. Jackson Street 83 Suite 2500 84 City: Tampa FL 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Its Agent: James J. Kennedy, III, Esq. 11/3/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Siegel, Bruce 1 Columbia Dr. Tampa, FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Siegel, M.D., Bruce 2 Columbia Drive Tampa, FL 33601 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gillette, Kathy 1 Columbia Dr. Tampa, FL 33606 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Wolfson, Dr., Ph.D., J.D., Jay 100 S. Ashley Drive, Suite 300 Tampa, FL 33602 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McKell, Thomas 1 Columbia Dr. Tampa, FL 33606 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/Chairman McKell, Thomas 100 S. Ashley Dr., Suite 300 Tampa, FL 33602 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600002684636---4 -11/10/98--01071--005 *****61.25 *****61.25 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D/S Rose, D.O., Joel 3211 Swann Ave., #910 Tampa, FL 33609 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Plan Administrator Czeczotka, R.N., Thelman 100 S. Ashley Dr., Suite 300 Tampa, FL 33602 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce Siegel, M.D. 11/3/98 813-251-7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #