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
101 E. Kennedy Blvd.
Suite 1240, Barnett Plaza
Tampa, FL 33602

Mailing Address
P. O. Box 211
Tampa, FL 33601

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

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

2. Principal Place of Business
21 100 S. Ashley Drive
22 Suite, Apt. #, etc.: Suite 300
23 City & State: Tampa, FL
24 Zip: 33602 25 Country: USA

2a. Mailing Address
26 100 S. Ashley Drive
27 Suite, Apt. #, etc.: Suite 300
28 City & State: Tampa, FL
29 Zip: 33602 30 Country: 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
Michael N. Brown, Esq.
Allen, Dell, Frank & Trinkle
101 E. Kennedy Blvd.
Barnett Plaza, Suite 1240
Tampa, FL 33602 US

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

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 #

CR2E037 (10/97)