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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003204

1. Corporation Name

TAMPA GENERAL HEALTHPLAN, INC.

Principal Place of Business

100 S. ASHLEY DRIVE
SUITE 300
TAMPA FL 33602

Mailing Address

100 S. ASHLEY DRIVE
SUITE 300
TAMPA FL 33602



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/23/1994

4. FEI Number

59-6080735

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BUCHANAN INGERSOLL PROFESSIONAL CORP.
401 E. JACKSON STREET
SUITE 2500
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SIEGEL, BRUCE M.D.**
STREET ADDRESS **2 COLUMBIA DR**
CITY-ST-ZIP **TAMPA FL 33601**

TITLE **D** ☐ DELETE
NAME **WOLFSON, JAY DR.**
STREET ADDRESS **100 S. ASHLEY DRIVE, SUITE 300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **DC** ☒ DELETE
NAME **MCKELL, THOMAS**
STREET ADDRESS **100 S. ASHLEY DRIVE, SUITE 300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **DS** ☒ DELETE
NAME **ROSE, JOEL D.O.**
STREET ADDRESS **3211 SWANN AVENUE, #910**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **PA** ☐ DELETE
NAME **CZECZOTKA, THELMA R.N.**
STREET ADDRESS **100 S. ASHLEY DRIVE, SUITE 300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIPIT** ☐ Change ☒ Addition
1.2 NAME **Shirley Gamble**
1.3 STREET ADDRESS **2 COLUMBIA DR**
1.4 CITY-ST-ZIP **TAMPA, FL 33601**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **VP/IS** ☒ Change ☐ Addition
5.2 NAME **THELMA CZECZOTKA**
5.3 STREET ADDRESS **100 S. ASHLEY DR, SUITE 300**
5.4 CITY-ST-ZIP **TAMPA, FL 33602**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

THELMA CZECZOTKA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

813-276-5061

Daytime Phone #

CR2E037 (1/98)