PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

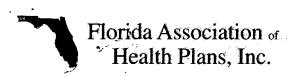
APPLICATION FOR REINSTATEMENT		DEPARTMEN Katherine Hai Secretary of St	r ris tate		FILE EVISION OF COR	J OF STAPE	
DOCUMENT # N9500003117					01 NOV 26 AM 9: 37		
1. Corporation Name						• •	
FLORIDA ASSOCIATION OF	HEALTH P	LANS, INC.					
Principal Place of Business	Mailing Addre	ess					
2920 CAPITAL MEDICAL BOULEVARD 2920 CAPITAL		L MEDICAL BOULEVARD					
TALLAHASSEE FL 32308-4408	TALLAHASSE	FL 32308-4408					
			Œ	FINST	atement	J 01	
If above addresses are incorrect in any way, line	through incorrect ir	nformation and enter o	vorrection below.		g & 2 G3 4 1 4 mm		
2. New Principal Office Address, If Applicable	on Office Address. If Applicable 4. Date Incorp		porated or Qualified these in Florida 06/07/1005				
301 S. Beonough Street	Suite, Apt. #,	etc.	D20(100-)(1) 011		Business in Florida 06/27/1995		
Str. 500	5. F		5. FEI Number	5. FEI Number Applied For 65-0598901			
City & Siate Tauanassee, FL	City & State	ahasses, Fl				Not Applicable	
Zip Country	Country	Country		OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status		
7. Names and Street Addresses of Each Officer a	3230	<u> </u>	tions must list at lea	et 3 directore)			
Name of Officers	na/or Director (Flor	1	et Address of Each	•	T		
Title(s) and/or Directors	3 Officer and/or Director			City / State / Zip			
PD SPRING, HARRY	3400 LAKESIDE DRIVE		MIRAMAR FL 33027				
VPD MEYERSON, TAMARA	4950 SW 8 STREET		CORAL CABLES FL 33134				
SD GAREAU, NANCY	16800 N. DALE MABRY, SUITE 209-2		TAMPA FL 33614				
TD KEISER, JEFF	5300 W. ATLANTIC AVE., SUITE 302			DELRAY BEACH FL 33484			
D FEDNANDEZ MIKE	AND TOUR DE LEGIS OF THE CO.			CORAL GABLES FL 3	9494-		
-D-FERNANDEZ, MIKE	2333 PONCE DE LEON, SUITE 303			CONAL GABLES FL S	3134 . A \		
See attached Sh	A A A A A A A A A A A A A A A A A A A			79.	Marja		
8. Name and Address of Curre	ent Registered Age	ent		9. Name and A	Address of New Register	ad Agent	
Name					(Robert Bernal)		
BERNAL, ROBERT M			Street Address (P.O. Box Number is Not Acceptable)				
				301 S. Bronough Street			
SUITE 302 Suite, Apt. #, Etc. TALLAHASSEE FL 32301					· · · · · · ·		
City_				State Zip Code			
						L 32301	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.						23N24	
/11/A/				2	-12/10/01	-01102025	
Signature of					****236.25	****236.25	
Registered Agent	<u>— , , , , , , , , , , , , , , , , , , ,</u>	<u>・ゝ</u>			Date	· <u>··</u>	

REGISTERED AGENT MUST SIGN

SIGNATURE:

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.





Post Office Box 10748 • Tallahassee, Florida 32302 Telephone (850) 386-2904 • Fax (850) 386-3012 • http://www.fahp.net

FAHP Member Health Plans

Florida Department of State Application for Reinstatement

Beacon Health Plans

Block 7

Blue Cross Blue Shield/Health Options	Title(s)	Name of Officers	Street Address	City/State/Zip
	D	C. Brooks Stone	4800 Deerwood Campus Parkway	Jacksonville, Florida 32246
CIGNA Healthcare of Florida	D	-Tamara Meyerson	4950 SW 8th Street	Coral Gables, Florida 33134
Florida 1st Health Plan	D	Harry Spring	3400 Lakeside Drive	Miramar, Florida 33027
Florida Health Care Plans	D	Jerry Senne	8247 Devereux Drive, Suite 103	Melbourne, Florida 32940
Health First Health Plans	D	Rupesh Shah	6800 North Dale Mabry, Suite 209-21	Tampa, Florida 33614

Healthplan Southeast

HIP Health Plan of Florida

Humana Medical Plan

JMH Health Plan

Neighborhood Health Partnership

Preferred Medical Plan

Total Health Choice

Well Care HMO / Staywell

