

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N95000003117

1. Corporation Name

FLORIDA ASSOCIATION OF HEALTH PLANS, INC.

Principal Place of Business

2920 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE FL 32308-4408

Mailing Address

2920 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE FL 32308-4408



REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
301 S. Bronough Street
Suite, Apt. #, etc.
Ste. 500

City & State
Tallahassee, FL

Zip 32301 Country US

3. New Mailing Office Address, If Applicable
301 S. Bronough St.
Suite, Apt. #, etc.
Ste. 500

City & State
Tallahassee, FL

Zip 32301 Country US

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1995

5. FEI Number

65-0598901

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SPRING, HARRY	3400 LAKESIDE DRIVE	MIRAMAR FL 33027
VPD	MEYERSON, TAMARA	4950 SW 8 STREET	CORAL GABLES 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	FERNANDEZ, MIKE	2333 PONCE DE LEON, SUITE 303	CORAL GABLES FL 33134
	See attached sheet.		

8. Name and Address of Current Registered Agent

BERNAL, ROBERT M
101 EAST COLLEGE AVENUE
SUITE 302
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Same (Robert Bernal)
Street Address (P.O. Box Number is Not Acceptable)
301 S. Bronough Street
Suite, Apt. #, Etc.
Ste 500
City
Tallahassee
State
FL
Zip Code
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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

200004717302--4

-12/10/01--01102-025

****236.25 ****236.25

Date 10.29.01

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 filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (8/01)



Florida Association of Health Plans, Inc.

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

FAHP Member Health Plans

AvMed

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
D	Tamara Meyerson	4950 SW 8th Street	Coral Gables, Florida 33134
D	Harry Spring	3400 Lakeside Drive	Miramar, Florida 33027
D	Jerry Senne	8247 Devereux Drive, Suite 103	Melbourne, Florida 32940
D	Rupesh Shah	6800 North Dale Mabry, Suite 209-21	Tampa, Florida 33614

CIGNA Healthcare of Florida

Florida 1st Health Plan

Florida Health Care Plans

Health First Health Plans

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