

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003117

FILED
Apr 15, 2005
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF HEALTH PLANS, INC.

Current Principal Place of Business:

313 N. MONROE ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

201 EAST PARK AVE
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O BOX 10748
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 65-0598901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYCHULIS, ROBERT
313 N. MONROE ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

WYCHULIS, ROBERT
201 EAST PARK AVE
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WYCHULIS, ROBERT
Address: 313 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: MEYERSON, TAMARA
Address: 4950 SW 8TH STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: SENNE, JERRY
Address: 8247 DEVEREUX DRIVE, SUITE 103
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: FARHA, TODD
Address: 6800 NORTH DALE MABRY, SUITE 209-21
City-St-Zip: TAMPA, FL 33614

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WYCHULIS, ROBERT
Address: 201 EAST PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SENNE, JERRY
Address: 6450 SOUTH HIGHWAY US 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CUENY, DOUGLAS
Address: 9400 S. DADELAND BLVD.
City-St-Zip: MIAMI, FL 33156

Title: D () Change (X) Addition
Name: LESTAGE, DANIEL MD
Address: 4800 DEERWOOD CAMPUS PARKWAY
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WYCHULIS

PRES

04/15/2005

Electronic Signature of Signing Officer or Director

Date