

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003117

FILED
May 08, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF HEALTH PLANS, INC.

Current Principal Place of Business:

200 WEST COLLEGE AVE
SUITE 104
TALLAHASSEE, FL 32301

New Principal Place of Business:

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRACHER, JAMES J
200 WEST COLLEGE AVE
SUITE 104
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

GARNER, MICHAEL W
200 WEST COLLEGE AVE
SUITE 104
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: MICHAEL W. GARNER

05/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BRACHER, JAMES J
Address: 200 WEST COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32301

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: GARNER, MICHAEL W
Address: 200 WEST COLLEGE AVE SUITE104
City-St-Zip: TALLAHASSEE, FL 32301

Title: SEC (X) Change () Addition
Name: MEYERSON, TAMARA
Address: 4950 SW 8TH STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: TRE () Change (X) Addition
Name: STEVE, DEMONTMOLLIN
Address: 4300 NW 89TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: CHAI () Change (X) Addition
Name: STEVEN, SMITH
Address: 4800 DEERWOOD CAMPUS PARKWAY DC3-4
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL W. GARNER

CEO

05/08/2009

Electronic Signature of Signing Officer or Director

Date