2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90150 035 ****61.25

DOCUMENT # N95000003117

1. Entity Name
FLORIDA ASSOCIATION OF HEALTH PLANS, INC.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
301 S BRONOUGH STREET STE 500 TALLAHASSEE FL 32301	P.O BOX 10748 TALLAHASSEE FL 32302

2. Principal Place of Business	3. Mailing Address
313 N. Monroe St.	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State
Zip: 32301 Country: US	Zip Country

4. FEI Number 65-0598901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERNAL, ROBERT M 301 S BRONOUGH STREET STE 500 TALLAHASSEE FL 32301	Name: Robert Wychulis Street Address (P.O. Box Number is Not Acceptable): 313 N. Monroe St. City: Tallahassee FL Zip Code: 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 1/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STONE, C. BROOKS 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE FL 32246	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Bernal 4200 W. Cypress St. Ste900 Tampa, FL 33607	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEYERSON, TAMARA 4950 SW 8TH STREET CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRING, HARRY 3400 LAKESIDE DRIVE MIRAMAR FL 33027	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SENNE, JERRY 8247 DEVEREUX DRIVE, SUITE 103 MELBOURNE FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAH, RUPESH 6800 NORTH DALE MABRY, SUITE 209-21 TAMPA FL 33614	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Todd Farha (D) Address same	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/17/03 850 212 7410