2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 91428

1. Entity Name
IMPERIAL HEALTH PLANS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 27 PM 2:04

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-12/10/01--01117--021
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
240 LAKEVIEW DRIVE, #106 WESTON, FL. 33326	240 LAKEVIEW DRIVE WESTON, FL. 33326 SUITE #106

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1037513 ☐ 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
DEE SAUSER-VINCENT 609 N.W. 30TH COURT WILTON MANORS, FL. 33311	Name: GLENN D. GILBERT Street Address (P.O. Box Number is Not Acceptable): 240 LAKEVIEW DR. #106 City: WESTON FL Zip Code: 33326

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.

SIGNATURE GLENN D. GILBERT Glenn D. Gilbert 11/20/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition PRESIDENT GLENN D. GILBERT 240 LAKEVIEW DRIVE, #106 WESTON, FLORIDA 33326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition CEO DANLENE SAUSER-VINCENT 1824 VANCOUVER DRIVE CLEARWATER, FLORIDA 33756
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition CORPORATE MEDICAL OFFICER LISA M. WANNAMAKER, D.O. 1537 OAK LANE CLEARWATER, FLORIDA 34624
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SECRETARY LISA M. WANNAMAKER, D.O. 1537 OAK LANE CLEARWATER, FLORIDA 34624
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SR. VICE PRESIDENT ANNA C. SAUSER 1824 VANCOUVER DRIVE CLEARWATER, FLORIDA 33756
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE GLENN D. GILBERT Glenn D. Gilbert 11/20/01 954-741-5544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #