

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 023 ***150.00

DOCUMENT # P01000003629

1. Entity Name
CHAMBER HEALTH PLANS, INC.



Principal Place of Business
**201 WEST FLAGLER STREET
MIAMI FL 33130**

Mailing Address
**P.O. BOX 16088
PLANTATION FL 33318**

2. Principal Place of Business
157 SW 127 AVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
PLANTATION FL 33325

City & State

4. FEI Number **65-1073595**

Applied For
Not Applicable

Zip **33325** Country **USA**

Zip Country

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

**COSGROVE, JOHN F
201 WEST FLAGLER STREET
MIAMI FL 33130**

Name **FORREST BLEDSOE**
Street Address (P.O. Box Number is Not Acceptable)
157 SW 127 AVE
City **PLANTATION** FL Zip Code **33325**

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 *[Signature]* PRES
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/23/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **COSGROVE, JOHN F**
STREET ADDRESS **201 WEST FLAGLER STREET**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **BLEDSOE, FORREST**
STREET ADDRESS **ONE S. PINE ISLAND RD APT 207**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BULLARD, JANET**
STREET ADDRESS **157 SW 127 AVE**
CITY-ST-ZIP **PLANTATION FL 33325**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 607, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORREST BLEDSOE

DATE **4/23/03** (951) 444-3928
Daytime Phone #

CR2E034 (10/02)