

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000010454

FILED
Apr 08, 2003
Secretary of State

Entity Name: NATIONWIDE HEALTH PLAN, INC.

Current Principal Place of Business:

2550 NW 72ND AVE
SUITE 112
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

13800 SW 8TH STREET
SUITE 259
MIAMI, FL 33184

New Mailing Address:

FEI Number: 04-3593023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HERNANDEZ, JOSEPH
Address: 2550 NW 72ND AVE
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HERNANDEZ, JOSEPH
Address: 13800 SW 8TH ST. SUITE 259
City-St-Zip: MIAMI, FL 33184

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH HERNANDEZ

PSTD

04/08/2003

Electronic Signature of Signing Officer or Director

_____ Date