

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90062 001 ***300.00

DOCUMENT # P04000131369 1. Entity Name AMERICAN PIONEER HEALTH PLANS, INC.					
Principal Place of Business 1001 HEATHROW PARK LN STE 5001 LAKE MARY, FL 32746			Mailing Address 1001 HEATHROW PARK LN STE 5001 LAKE MARY, FL 32746		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01112006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-1650638				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLLIFLOWER, MICHAEL A 1001 HEATHROW PARK LN STE 5001 LAKE MARY, FL 32746				Name Danlias F. Howe Street Address (P.O. Box Number is Not Acceptable) 1001 Heathrow Park Lane Ste. 5001 City Lake Mary FL Zip Code 32746	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE 1/12/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD BARASCH, RICHARD A 6 INTERNATIONAL DR - STE 190 RYE BROOK, NY 10573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barasch, Richard A 6 International Dr, Ste 190 Rye Brook, NY 10573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPENTER, THEODORE JR 5141 VIRGINIA WAY - STE 260 BRENTWOOD, TN 37027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D Carpenter, Theodore Jr 5141 Virginia Way - Ste 260 Brentwood, TN 37027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS JACOBS, GARY M 3050 UNIVERSAL BLVD - STE 150 WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/D Jacobs, Gary M 3050 Universal Blvd - Ste 150 Weston, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, GARY M 3050 UNIVERSAL BLVD - STE 150 WESTON, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/T/S Holman, Steven C 4888 Loop Central Dr. - Ste 700 Houston, TX 77061	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAEGELEIN, ROBERT A 6 INTERNATIONAL DR - STE 190 RYE BROOK, NY 10573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Waeglein, Robert A 6 International Dr - Ste 190 Rye Brook, NY 10573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAND, GARY W 1001 HEATHROW PARK LN - STE 5001 LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gary W. Bryant, Director 1/12/06 407-995-8000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date Daytime Phone #					

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