

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 14 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07092007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P04000131369</b> 1. Entity Name <b>AMERICAN PIONEER HEALTH PLANS, INC.</b>					
Principal Place of Business <b>1001 HEATHROW PARK LN STE 5001 LAKE MARY, FL 32746</b>			Mailing Address <b>1001 HEATHROW PARK LN STE 5001 LAKE MARY, FL 32746</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1650638</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HOWE, DANLIAS F 1001 HEATHROW PARK LN STE 5001 LAKE MARY, FL 32746</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARASCH, RICHARD A</b> <b>6 INTERNATIONAL DR - STE 190</b> <b>RYE BROOK, NY 10573</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500109774325</b> <b>09/21/07--01098--010 **550.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CARPENTER, THEODORE JR, CEO</b> <b>5141 VIRGINIA WAY - STE 260</b> <b>BRENTWOOD, TN 37027</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPD</b> <b>JACOBS, GARY M</b> <b>3050 UNIVERSAL BLVD - STE 150</b> <b>WESTON, FL 33331</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>HOLMAN, STEVEN C CEO</b> <b>4888 LOOP CENTRAL DR SUITE 700</b> <b>HOUSTON, TX 77081</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WAEGELEIN, ROBERT A</b> <b>6 INTERNATIONAL DR - STE 190</b> <b>RYE BROOK, NY 10573</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRYANT, GARY W</b> <b>1001 HEATHROW PARK LN - STE 5001</b> <b>LAKE MARY, FL 32746</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Bryant, Gary W</b> <b>1001 Heathrow Park Ln #5001</b> <b>Lake Mary FL 32746</b>	
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					