

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000011465

FILED
Apr 15, 2009
Secretary of State

Entity Name: FLORIDA PREMIER HEALTH PLAN, INC.

Current Principal Place of Business:

316 E. PARK AVE.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

316 E. PARK AVE.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 51-0668242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHARPE, BOB
316 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SHARPE, HAROLD R
316 E. PARK AVE.
TALLAHASSEE, FL 32301 US

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: HAROLD R. SHARPE

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: SHARPE, HAROLD R
Address: 316 E. PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Change (X) Addition
Name: BEMBRY, GARY
Address: 1221 WEST LAKEVIEW AVENUE
City-St-Zip: PENSACOLA, FL 32501

Title: D () Change (X) Addition
Name: REEVE, JAY
Address: 2634-J CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HAROLD R. SHARPE

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date