

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000074092

FILED
Apr 03, 2012
Secretary of State

Entity Name: FLORIDA HEALTH CARE PLAN, INC.

Current Principal Place of Business:

1340 RIDGEWOOD AVE.
HOLLY HILL, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

1340 RIDGEWOOD AVE.
HOLLY HILL, FL 32117 US

New Mailing Address:

FEI Number: 26-3238817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, PAMELA J
1340 RIDGEWOOD AVE.
HOLLY HILL, FL 32117 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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: MYERS, WENDY A MD
Address: 1340 RIDGEWOOD AVE.
City-St-Zip: HOLLY HILL, FL 32117 US

Title: D
Name: MYERS, WENDY A MD
Address: 1340 RIDGEWOOD AVE.
City-St-Zip: HOLLY HILL, FL 32117 US

Title: CFOT
Name: SCHANDEL, DAVID C
Address: 1340 RIDGEWOOD AVE.
City-St-Zip: HOLLY HILL, FL 32117 US

Title: D
Name: SCHANDEL, DAVID C
Address: 1340 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117 US

Title: S
Name: JOLLY, AREZOU C
Address: 4800 DEERWOOD CAMPUS PKWY, BLDG 100
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: AS
Name: THOMAS, PAMELA J
Address: 1340 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID C SCHANDEL

CFOD

04/03/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date

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4-3-12



An Independent Licensee of the Blue Cross and Blue Shield Association

P.O. Box 9910, Daytona Beach, FL 32120

www.fhcp.com

2012 ANNUAL REPORT
SUPPLEMENTAL ATTACHMENT

CORPORATE NAME: FLORIDA HEALTH CARE PLAN, INC.

DOCUMENT NUMBER: P08000074092

BELOW ARE ADDITIONAL OFFICERS AND DIRECTORS INFORMATION FOR THE 2012 ANNUAL REPORT:

TITLE: D
NAME: KRAMZER, JOYCE A.
ADDRESS: 4800 DEERWOOD CAMPUS PKWY, BLDG 100
CITY-ST-ZIP: JACKSONVILLE, FL 32246

TITLE: D
NAME: DOERR, R. CHRIS
ADDRESS: 4800 DEERWOOD CAMPUS PKWY, BLDG 100
CITY-ST-ZIP: JACKSONVILLE, FL 32246

TITLE: D
NAME: URBANEK, JON
ADDRESS: 4800 DEERWOOD CAMPUS PKWY, BLDG 100
CITY-ST-ZIP: JACKSONVILLE, FL 32246

TITLE: D
NAME: MCDONALD, DEANNA M.
ADDRESS: 4800 DEERWOOD CAMPUS PKWY, BLDG 100
CITY-ST-ZIP: JACKSONVILLE, FL 32246

Preferred Medical Center locations:

Holly Hill - 386.676.7100 - 1.800.352.9824

Daytona Beach - 386.238.3200 - 1.800.321.1227 • DeLand - 386.736.1948

Edgewater - 386.427.4868 • Orange City - 386.774.2550 - 1.800.390.3427 • Ormond Beach - 386.671.4337

Palm Coast - 386.445.7073 • Port Orange - 386.763.1000