FILE NOW: FILING FEE AFTER MAY 1 IS $324.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000026520 (5)**

1. Corporation Name

PREMIER ACCOUNTABLE HEALTH PLAN OF DAYTONA, INC.

Principal Place of Business	Mailing Address
1808 INT'L SPEEDWAY BLVD SUITE 400 DAYTONA BEACH FL 32114 US	1808 INT'L SPEEDWAY BLVD STE 400 DAYTONA BEACH FL 32114 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1993
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. # or other — 22
Suite, Apt. # or other — 27

City & State — 23
City & State — 28

24 25 29 30

4. FEI Number: 58-0986875 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation is subject to provisions of s. 655.057, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (of new registered agent if changing registered agent) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	C	11 TITLE	C ☒ Change ☐ Addition
12 NAME	IVES, JOHN E	12 NAME	Kathy Jones
13 STREET ADDRESS	4700 WATERS AVE	13 STREET ADDRESS	4700 Waters Ave
14 CITY ST ZIP	SAVANNAH GA	14 CITY ST ZIP	Savannah, GA 31404
21 TITLE	P	21 TITLE	CFO ☒ Change ☐ Addition
22 NAME	BOLCH, ELLEN B	22 NAME	Michael Scheer
23 STREET ADDRESS	7135 HODGSON MEMORIAL DR, STE 13	23 STREET ADDRESS	4700 Waters Ave
24 CITY ST ZIP	SAVANNAH GA	24 CITY ST ZIP	Savannah, GA 31404
31 TITLE	S	31 TITLE	S ☒ Change ☐ Addition
32 NAME	LUPACCHINO, ROBERT L	32 NAME	Robert Luppacchino
33 STREET ADDRESS	7135 HODGSON MEMORIAL DR, STE 13	33 STREET ADDRESS	7135 Hodgson Memorial Dr., Ste 13
34 CITY ST ZIP	SAVANNAH GA	34 CITY ST ZIP	Savannah, GA 31406
41 TITLE	AS	41 TITLE	Agent ☒ Change ☐ Addition
42 NAME	WOLFE, MELODY L	42 NAME	Roy Gingrich
43 STREET ADDRESS	4700 WATERS AVE	43 STREET ADDRESS	7135 Hodgson Memorial Dr., Ste. 13
44 CITY ST ZIP	SAVANNAH GA	44 CITY ST ZIP	Savannah, GA 31406
51 TITLE	AS	51 TITLE	☐ Change ☐ Addition
52 NAME	BLOOD, NANCY	52 NAME	
53 STREET ADDRESS	7135 HODGSON MEMORIAL DR, STE 13	53 STREET ADDRESS	
54 CITY ST ZIP	SAVANNAH GA	54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 with an asterisk or an attachment with an asterisk.

SIGNATURE: Roy M. Gingrich — 4/26/95 — 912-350-6505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0008017 CP