

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90287 003 ***150.00

DOCUMENT # P93000030377

1. Entity Name
FLORIDA HEALTH CARE PLAN-PROVIDER OPTION, INC.



Principal Place of Business
1340 RIDGEWOOD AVE
HOLLY HILL, FL 32117

Mailing Address
1340 RIDGEWOOD AVE
HOLLY HILL, FL 32117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3187311

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMPSON, EDWARD F JR.
350 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
SIMPSON, EDWARD F JR.
350 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WILLIAMS, DAVID. L M.D.
350 N. CLYDE MORRIS BLVD.
DAYTONA BCH., FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CARLTON, ALICE M.
350 N CLYDE MORRIS BLVD
DAYTONA BCH., FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
SCHANDEL, DAVID C.
350 N. CLYDE MORRIS BLVD.
DAYTONA BCH., FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MYERS, WENDY A MD
350 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David C. Schandel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-676-7100