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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P93000045055 (9)**

1. Corporation Name
HUMANA HEALTH CARE PLANS - PALM SPRINGS, INC.

Principal Place of Business
2400 E. COMMERCIAL BLVD.
STE. 213
FT. LAUDERDALE FL 33308
US

Mailing Address
ATTN: TAX DEPARTMENT
P.O. BOX 740026
LOUISVILLE KY 40201-7426
US

3. Date Incorporated or Qualified: **06/25/1993**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **56-1827932** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	SMITH, WAYNE		1.2 NAME	WOLF, GREGORY H.	
STREET ADDRESS	500 WEST MAIN		1.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		1.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	SVPD	☐ DELETE	2.1 TITLE	SrVP D	☒ Change ☐ Addition
NAME	CASH, W. LARRY		2.2 NAME	McCALLISTER, MICHAEL B.	
STREET ADDRESS	500 WEST MAIN		2.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		2.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	SVPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COUGHLIN, KAREN A		3.2 NAME		
STREET ADDRESS	500 WEST MAIN		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		3.4 CITY-ST-ZIP		
TITLE	SVPD	☐ DELETE	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	GARMON, PHILIP B		4.2 NAME	MURRAY, JAMES E.	
STREET ADDRESS	500 WEST MAIN		4.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		4.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	SVPD	☐ DELETE	5.1 TITLE	SrVP D	☒ Change ☐ Addition
NAME	LANKFORD, RONALD S MD		5.2 NAME	COUGHLIN, KAREN A	
STREET ADDRESS	500 WEST MAIN		5.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		5.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BAUERNFEIND, GEORGE		6.2 NAME		
STREET ADDRESS	500 WEST MAIN		6.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: _____ **GEORGE BAUERNFEIND V.P-TAXES** 4/30/97 **(502)580-1000**