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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000045059 (1)

FILED
May 14 1998 8:00am
Secretary of State

ואוזיוטות	NA HEALTH CARE PLANS -	WEST PALM BEACH,	INC.			
					(	
Dringing Disc	ce of Business	Mailles Address				
	AMERICIAL BLYD.	Mailing Address	•			
STE 213 P.O. BOX 740026		ATTN: TAX DEPARTMENT P.O. BOX 740026	l			
		LOUISVILLE KY 40201-14	38	DO NOT WE	RITE IN THIS SPACE	
US				<ol> <li>Date Incorporated or Qualifie 06/25/1993</li> </ol>	ed	
2. Principal F	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number		
21		26		56-1827938	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing	9 \$5.00 May Be	
23		28		Trust Fund Contribution	☐ Added to Fees	
Zip	Country	Zıp	Country	8. This corporation owes or has	paid the current year Intangible	
24	25	29	30	Personal Property Tax due J		
01	Name and Address of Curren     CORDODATION SYSTEM	nt Hegistered Agent	81 Name	10. Name and Address of New	Registered Agent	
	CORPORATION SYSTEM		OI Name	•		
C/O CT CORPORATION SYSTEM 1200 <b>SOU</b> TH PINE ISLAND RD.		82 Street Add		Address (P.O. Box Number is Not Acceptable)		
	ANTATION FL 33324		83			
r L	ANIAHON FE 33324	1 2				
			<b>B4</b> City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	es the above-name	corporation submits this statement for the		
office or i	registered agent, or both, in the State	of Florida, Such change was a	authorized by the co	d corporation submits this statement for the poration's board of directors. I hereby ac	cept the appointment as registered	
	are tarmar with, and accept the clongs	ations of, section gov.voo, inc	nua statutes.			
SIGNATURE	Signature, typod or pooled name of registered age				· · · · · · · · · · · · · · · · · · ·	
12	ordering of the control of the contr	sit and the if applicable (NOTE	Registered Agent signatur	e required when reinstating)	DATE THE PROPERTY OF THE PROPE	
	OFFICERS AND	D DIRECTORS	Hegistered Agent signatur 13.		FICERS AND DIRECTORS IN 12	
TITUE 25	OFFICERS AND		<del></del>			
TITUE: 25	OFFICERS AND PD WOLF, GREGORY	D DIRECTORS	13.		FICERS AND DIRECTORS IN 12	
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14. 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 annual report or suppliemental 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.

ADD TO BE TOSE