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FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000045059 (1)**

1. Corporation Name

HUMANA HEALTH CARE PLANS - WEST PALM BEACH, 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 40201-1438**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1993

4. FEI Number

56-1827938

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

24

Country

25

Zip

29

Country

30

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

Signature, typed or printed name of registered agent and to whom applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

**TITLE: PD
NAME: WOLF, GREGORY
STREET ADDRESS: 500 WEST MAIN
CITY-ST-ZIP: LOUISVILLE KY**

☐ DELETE

**TITLE: SVPD
NAME: MCALLISTER, MICHAEL B
STREET ADDRESS: 500 WEST MAIN
CITY-ST-ZIP: LOUISVILLE KY**

☐ DELETE

**TITLE: SVPD
NAME: COUGHLIN, KAREN A
STREET ADDRESS: 500 WEST MAIN
CITY-ST-ZIP: LOUISVILLE KY 40201-1438**

☐ DELETE

**TITLE: VP
NAME: MURRAY, JAMES E
STREET ADDRESS: 500 WEST MAIN
CITY-ST-ZIP: LOUISVILLE KY**

☐ DELETE

**TITLE: S
NAME: KROGER, JOAN O
STREET ADDRESS: 500 WEST MAIN
CITY-ST-ZIP: LOUISVILLE KY**

☐ DELETE

**TITLE: VP
NAME: BAUERNFEIND, GEORGE
STREET ADDRESS: 500 WEST MAIN
CITY-ST-ZIP: LOUISVILLE KY 40201-1438**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

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 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** DATE **APR 30 1998**

CR2E034 (10/97)