

P93000061330

TARASKA, GROWER & KETCHAM, P. A.
ATTORNEYS AT LAW
POST OFFICE BOX 538065
ORLANDO, FLORIDA 32853 - 8065

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #) 700002190277--3
-05/23/97--0114--001
*****70.00 *****70.00
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A./Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

700002190277--3
-05/23/97--0114--001
*****70.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 MAY 23 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

6-4-97
WJW

FILED

97 MAY 23 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 19, 1997

Secretary of State
State of Florida
Amendment Section
Post Office Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

The purpose of this letter is to inform you that I, Ruben Telan, resigned from the Board of Directors of Reliable Health Plan, Inc., effective September 1, 1995. Enclosed please find a copy of the original letter which I sent to the Chairman of the Board of Reliable Health Plan, Inc., Owen Frazier, M.D., along with a copy of the original return receipt.

Initially, I thought that Reliable Health Plan, Inc. would notify the Secretary of State of my resignation. However, it has come to my attention that my name still appears on the Board of Directors list for Reliable Health Plan, Inc., despite my official resignation of September 1, 1995. As such, enclosed please find a check in the amount of \$70.00 payable to the Secretary of State to remove my name and the name of Jack Faup, M.D. from the Board of Director list commensurate with our resignations in 1995.

If I can be of any further assistance, please do not hesitate to call.

Very truly yours,



Ruben A. Telan, M.D.

RAT/nh
Enclosures

TELAN & JASSIR ASSOCIATES

ANESTHESIOLOGY

Ruben A. Telan, M.D.

Carlos Jassir, M.D.

Sent 8/21/95

August 21, 1995

Reliable Health Plan, Inc.
Owen Fraser, M.D.
2001 Mercy Drive
Suite 104
Orlando, FL 32808

Dear Owen,

It is with great reluctance that I tender my resignation from the board of Reliable Health Plan effective September 1, 1995. I feel that I will no longer be able to serve effectively due to the increasing pressure and strain of my obligations to my family and professional responsibilities.

As you know, I am presently managing the entire anesthesia departments of two different hospitals. This is very time consuming and to complicate my professional duties further, we are planning to open a separate "Pain Clinic" practice.

I have enjoyed serving with you in the capacity as a board member, and hope to continue our personal and professional relationships.

Yours very truly,

Ruben A. Telan, M.D.

Ruben A. Telan, M.D.

RAT/rh

Fax: 4073765167

May 20 '97

8:22

P.03

*Receipt for
8-21-95
Letter*

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can reach this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Reliable Health Plan, Inc
Owen Fraser, M.D.
2001 Mercy Drive #104
Orlando, FL 32808

4a. Article Number

712 455 601

4b. Service Type

- ☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Return Receipt Requested

Showing Address

Date of Delivery

8/28/95

5. Signature (Addressee)

Owen Fraser

6. Addressee's Address (Only if requested and fee is paid)

3500 W. Colonial Dr
Orlando, FL 32808

PS Form 3811, November 1990

U.S. GPO: 1991-287-888

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

Official Business

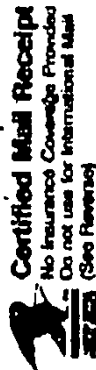


Print your name, address and ZIP Code here

Ruben A. Telan, M.D.
P.O. Box 2057
Windermere, FL 34786-2057



P 712 455 601



Reliable Health Plan	
2001 Mercy Dr #104	
Orlando, FL 32808	
Postage	\$3.32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (Delivery to Addressee Only)	1.50
Return Receipt (Delivery to Other Address at Delivery)	\$2.92
TOTAL Postage & Fees	
\$7.84	

PS Form 3800, June 1990

Z 128 326 947



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Service: <u>Reliable Health Plan</u>	
Street and No: <u>3500 W Colonial Dr</u>	
P.O. Box and ZIP Code: <u>Orlando Fla 32808</u>	
Postage	\$ <u>32</u>
Certified Fee	<u>1.10</u>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (Maximum \$5.00)	<u>1.10</u>
Make Payment (Cash or Money Order)	
TOTAL DUE	\$ <u>2.52</u>
Payment or Legit: <u>PS</u>	

PS Form 3800, March 1993

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Reliable Health Plan
3500 W Colonial Dr
Suite 200
Orlando, Fla
32808

4a. Article Number

Z 128 326 947

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

8/24/95

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

P93000061330

Taraska, Grawer & Ketcham, P.A.
Requestor's Name

Post Office Box 538065
Address

Orlando, Fla. 32853-8065
City/State/Zip Phone #

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TALLAHASSEE, FLORIDA
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JACK G. FAUP, M.D., P.A.

DIPLOMATE AMERICAN BOARD
OF OBSTETRICS AND GYNECOLOGY

**OBSTETRICS AND GYNECOLOGY
INFERTILITY**

TELEPHONE: (407) 299-3160

PINE HILLS MEDICAL BLDG.
5265 ALHAMBRA DRIVE
ORLANDO, FLORIDA 32808

FAX #: (407) 299-2445

FELLOW AMERICAN COLLEGE
OF OBSTETRICS AND GYNECOLOGISTS

FELLOW INTERNATIONAL COLLEGE
OF SURGEONS

August 17, 1995

Reliable Health Plan
3500 W. Colonial Drive
Suite 200
Orlando FL 32808

ATTN: Owen Fraser, M.D.

Dr. Fraser,

Please accept this as my resignation effective immediately
from the Board of Reliable Health Plan. I would like to
remain on the plan as a Specialist for the OB/GYN patients.

Thank you.

Sincerely,



Jack G. Faup, M.D., P.A.

ls

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97 MAY 23 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA