SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/4/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:40

DOCUMENT # P93000064157 (9)

1. Corporation Name
CAREFLORIDA HEALTH PLAN, INC.

Principal Place of Business
7950 N.W. 53RD ST.
MIAMI FL 33166

Mailing Address
7950 N.W. 53RD ST.
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1993
3a. Date of Last Report: 06/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26 3400 Data Drive
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28 Rancho Cordova, CA
Zip 24 / Country 25	Zip 29 95670 / Country 30 USA

4. FEI Number: APPLIED FOR 65-0453436 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO 12.	
TITLE	PCD	1 1 TITLE	DCVP [X] Change [ ] Addition
NAME	CEJAS, PAUL L	1 2 NAME	Kirk A. Benson
STREET ADDRESS	7950 N.W. 53RD ST., 3RD FLOOR	1 3 STREET ADDRESS	3400 Data Drive
CITY ST ZIP	MIAMI FL 33166	1 4 CITY ST ZIP	Rancho Cordova, CA 95670
TITLE	D	2 1 TITLE	DP [ ] Change [X] Addition
NAME	KRIES, LAWRENCE D	2 2 NAME	Lawrence D. Kries
STREET ADDRESS	7950 N.W. 53RD ST., 3RD FLOOR	2 3 STREET ADDRESS	7950 N.W. 53rd St., 3rd Floor
CITY ST ZIP	MIAMI FL 33166	2 4 CITY ST ZIP	Miami, FL 33166
TITLE	D	3 1 TITLE	DT [X] Change [ ] Addition
NAME	SILVERMAN, BARRY	3 2 NAME	Jeffrey L. Elder
STREET ADDRESS	21000 NE 28TH AVE	3 3 STREET ADDRESS	3400 Data Drive
CITY ST ZIP	AVENTURA FL 33180	3 4 CITY ST ZIP	Rancho Cordova, CA 95670
TITLE	S	4 1 TITLE	S [X] Change [ ] Addition
NAME	MONTERO, HILDA	4 2 NAME	Allen J. Marabito
STREET ADDRESS	7950 NW 53RD ST, 3RD FLOOR	4 3 STREET ADDRESS	3400 Data Drive
CITY ST ZIP	MIAMI FL 33166	4 4 CITY ST ZIP	Rancho Cordova, CA 95670
TITLE		5 1 TITLE	[ ] Change [ ] Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	[ ] Change [ ] Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Allen Marabito — 6/14/95 — 916/631-5314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
Allen J. Marabito

CR2E034 (3/95)