

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90198 024 ***150.00

DOCUMENT # P93000064157

1. Corporation Name

FOUNDATION HEALTH, A FLORIDA HEALTH PLAN, INC.

Principal Place of Business

1340 CONCORD TERRACE
SUNRISE FL 33323

Mailing Address

1340 CONCORD TERRACE
LEGAL DEPT
SUNRISE FL 33323
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1993

4. FEI Number

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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 title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GELLERT, JAY M
STREET ADDRESS 21600 OXNARD STREET, STE. 1700
CITY-ST-ZIP WOODLAND HILLS CA ☒ DELETE

TITLE DP
NAME STEVEN B. GRIFFIN
STREET ADDRESS 7950 N.W. 53RD STREET, THIRD FLOOR
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE S
NAME WHITAKER, WILLIAM R
STREET ADDRESS 1340 CONCORD TERRACE
CITY-ST-ZIP SUNRISE FL 33323 ☒ DELETE

TITLE AS
NAME CURRIER-MARTINEZ, LISETTE
STREET ADDRESS 1340 CONCORD TERRACE
CITY-ST-ZIP SUNRISE FL 33323 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO
1.2 NAME WILLIAM KIRSH, D.O.
1.3 STREET ADDRESS 1340 CONCORD TERRACE
1.4 CITY-ST-ZIP SUNRISE, FL 33323 ☐ Change ☒ Addition

2.1 TITLE S
2.2 NAME RACHEL HALTINIAN
2.3 STREET ADDRESS 1340 CONCORD TERRACE
2.4 CITY-ST-ZIP SUNRISE, FL 33323 ☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME JEFF BAIRSTON
3.3 STREET ADDRESS 1340 CONCORD TERRACE
3.4 CITY-ST-ZIP SUNRISE, FL 33323 ☐ Change ☒ Addition

4.1 TITLE D
4.2 NAME GARY VALASQUEZ
4.3 STREET ADDRESS 1340 CONCORD TERRACE
4.4 CITY-ST-ZIP SUNRISE, FL 33323 ☐ 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 ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/1999 954 858-3582

CR2E034 (1/98)