

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064157

1. Entity Name

FOUNDATION HEALTH, A FLORIDA HEALTH PLAN, INC.

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90191 041 \*\*\*150.00

Principal Place of Business

1340 CONCORD TERRACE  
SUNRISE FL 33323

Mailing Address

1340 CONCORD TERRACE  
LEGAL DEPT  
SUNRISE FL 33323  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0453436**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **BAIRSTOW, JEFF**  
STREET ADDRESS **1340 CONCORD TERRACE**  
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **AS** ☒ Delete  
NAME **SCHMIDT, TRACY**  
STREET ADDRESS **1340 CONCORD TERRACE**  
CITY-ST-ZIP **SUNRISE FL**

TITLE **D** ☒ Delete  
NAME **COUGHLIN, KAREN**  
STREET ADDRESS **1340 CONCORD TERRACE**  
CITY-ST-ZIP **SUNRISE FL**

TITLE **S** ☒ Delete  
NAME **SCHLUETER, ANNE**  
STREET ADDRESS **1340 CONCORD TERRACE**  
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition  
NAME **Schmidt, Tracy**  
STREET ADDRESS **1340 Concord Terrace**  
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE **D** ☐ Change ☒ Addition  
NAME **Labarga, Maria, M.D.**  
STREET ADDRESS **1340 Concord Terrace**  
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE ☐ Change ☒ Addition  
NAME **Chief Medical Officer**  
STREET ADDRESS **Labarga, Maria, M.D.**  
CITY-ST-ZIP **1340 Concord Terrace**  
**Sunrise, FL 33323**

TITLE ☐ Change ☒ Addition  
NAME **Chief Financial Officer**  
STREET ADDRESS **Edwards, Ken**  
CITY-ST-ZIP **1340 Concord Terrace**  
**Sunrise, FL 33323**

TITLE ☐ Change ☒ Addition  
NAME **Chief Marketing Officer**  
STREET ADDRESS **Izquierdo, Luis**  
CITY-ST-ZIP **1340 Concord Terrace**  
**Sunrise, FL 33323**

13. 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 report or supplemental 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 11 or Block 12 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

*Tracy M. Schmidt* **Tracy M. Schmidt** 01-23-01 954858-3588

Date

Daytime Phone #

CR2E034 (10/00)

0267205



FOUNDATION HEALTH  
A FLORIDA HEALTH PLAN, INC.

P93000064157

February 5, 2001

Uniform Business Reports  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

On behalf of Foundation Health, a Florida Health Plan, Inc., enclosed please find a duly executed copy of the 2001 Uniform Business Report and the requisite \$150.00 filing fee.

Should you have any questions, please do not hesitate to contact me at (954) 858-3585 or via facsimile at (954) 846-9775.

Sincerely,

Michael J. Comerford  
Compliance Manager  
Legal & Regulatory Affairs Department