

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90027 020 ***158.75

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1. Entity Name
VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.



Principal Place of Business
**300 SOUTH PARK ROAD
HOLLYWOOD, FL 33021**

Mailing Address
**1340 CONCORD TERRACE
LEGAL DEPT
SUNRISE, FL 33323 US**

94035082



2. Principal Place of Business

3. Mailing Address

300 SOUTH PARK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HOLLYWOOD

01082004

Chg-P

CR2E034 (10/03)

City & State

City & State

FLORIDA

4. FEI Number

65-0453436

Applied For

Not Applicable

Zip

Country

Zip

Country

33021

U.S.

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

**COHEN, GERALD M ESQ.
300 SOUTH PARK ROAD
4TH FLOOR
HOLLYWOOD, FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDCE
BERDING, R. JOSEPH
300 SOUTH PARK ROAD
HOLLYWOOD, FL 33021** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
COHEN, GERALD M
300 SOUTH PARK ROAD
HOLLYWOOD, FL 33021** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GARCIA, LEONARDO F
300 SOUTH PARK RD
HOLLYWOOD, FL 33021** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCOO
HOGAN, J. MICHAEL
300 SOUTH PARK ROAD
HOLLYWOOD, FL 33021** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
SCOTT, STEVEN M
2828 CROASDALE DR.
DURHAM, NC 277052430** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**300 SOUTH PARK RD
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
KING, FELICIA
2828 CROASDALE DR.
DURHAM, NC 277052430** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**300 SOUTH PARK RD
HOLLYWOOD, FL 33021**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

GERALD M. COHEN, ESQ. 1/9/04

954-986-6205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #