2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P93000064157 VISTA HEALTHPLAN OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 300 SOUTH PARK ROAD 300 SOUTH PARK ROAD **LEGAL DEPT** HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021

SIGNATURE:

FILED Feb 01, 2005 8:00 am Secretary of State

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31 V V	6. Name and Address of Current Regist	tered Agent	J	الدواللة المسحدث	a des	eministra : And	alexander (See
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COHEN, GERALD M ESQ.				DO	NOT W	RITE	
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	named entity submits this statement for the plions of registered agent.	Jurpose of changing its register	ed office or register	red agent, or boar	1, in the State of Fig	orida. Tam tami	illar with, and accept
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SIGNATURE_	Signature, typed or printed name of registered agent and title	if annicable. (NOTF: Register)	ed Agent signature required	ort when reinstating)		DATE	
	ongresses, typos or premourant and registration of agent	(tro to the first	No Appenie angle Communication	U 11/0/1 / OF NO			
	E NOW!!! FEE IS \$150.00 ny 1, 2005 Fee will be \$550.00	 Election Campaign Final Trust Fund Contribution. 		.00 May Be ded to Fees			
10.	OFFICERS AND DIREC	CTORS	Taking a market and the	<u> </u>	agran - n - 1 a - 1	2 V7 F 7 5 1	
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NAME	BERDING, R. JOSEPH		7 19 24			Transfer of the second	
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CITY-ST-ZIP	HOLLYWOOD, FL 33021						To the second
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TITLE NAME	GARCIA, LEONARDO F						
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NAME	HOGAN, J. MICHAEL			IIA.		PAUE	in the second
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NAME STREET ADDRESS	SCOTT, STEVEN M				据 书门。		
STREET ADDRESS CITY-ST-ZIP	300 SOUTH PARK ROAD HOLLYWOOD, FL 33021						
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NAME	KING. FELICIA		1.60			15	F
STREET ADDRESS	1			æ			er ker
CITY-ST-ZIP	HOLLYWOOD, FL 33021						
12. I hereby	certify that the information supplied with this	filing does not qualify for the ex	cemption stated in S	Section 119.07(3)	(i), Florida Statutes	. I further certify	that the information
indicated of the co	certify that the information supplied with this d on this report or supplemental report is true reporation or the feceiver or trustee empowers	and accurate and that my sign	lature shall have the	e same legal effect	of as if made under	r oath; that I am	an officer or director
changed	, or on an attachmen with an address, with	all other like empowered.	unou o, onapici o	or, riorida olatate	,o, and that my ha	no appears in a	JOOK TO GI BIBCK TT II

SPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR