

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

02-01-2005 90015 047 ***158.75

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1. Entity Name

VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.



40009704

Principal Place of Business

300 SOUTH PARK ROAD
HOLLYWOOD, FL 33021

Mailing Address

300 SOUTH PARK ROAD
LEGAL DEPT
HOLLYWOOD, FL 33021 US



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PDCE
NAME	BERDING, R. JOSEPH
STREET ADDRESS	300 SOUTH PARK ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	SD
NAME	COHEN, GERALD M
STREET ADDRESS	300 SOUTH PARK ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	T
NAME	GARCIA, LEONARDO F
STREET ADDRESS	300 SOUTH PARK RD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	DCOO
NAME	HOGAN, J. MICHAEL
STREET ADDRESS	300 SOUTH PARK ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	CD
NAME	SCOTT, STEVEN M
STREET ADDRESS	300 SOUTH PARK ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	AT
NAME	KING, FELICIA
STREET ADDRESS	300 SOUTH PARK ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

Date

954-986-6205

Daytime Phone #