

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION.
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MAY - 1 PM 11:22

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000073414 (3)**

THE DOCTORS' HEALTH PLAN, INC.

760 RIVERSIDE AVE
JACKSONVILLE FL 32204

760 RIVERSIDE AVE
P. O. BOX 2411
JACKSONVILLE FL 32204
US

21 22 23 24 25 26 27 28 29 30

3 10/22/1993 3a 08/02/1994
4 59-3206890
5 \$8.75 Additional Fee Required
6 \$5.00 May Be Added to Fees
7
8

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NULAND, CHRISTOPHER L
760 RIVERSIDE AVE
JACKSONVILLE FL 32204

81 82 83 84 FL 85

11. I, the undersigned, do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified and licensed agent for the State of Florida.

12. D GOLDBERG, ROBERT
4300 ALTON RD.
MIAMI BCH. FL

D SCHULTEN, MAURICE J
436 NOKOMIS AVE., SO.
VENICE FL

D DOLAN, JAMES B.
4063 SALISBURY RD.
JACKSONVILLE FL

D PARDOLL, PETER
1609 PASADENA AVE.
ST. PETERSBURG FL

D BRYAN, GLENN
15 E. NASA BLVD.
MELBOURNE FL

D WILSON, CECIL B.
1341 ORANGE AVE.
WINTER PARK FL

13. D Hayes, Charles P, Jr. MD
2005 Riverside Ave
JACKSONVILLE, FL

D van Eldik, Dick L., MD
220 S. Dixie Hwy
LAKE WORTH, FL 33460

D Cauthen, Joseph, MD
6510 NW 9th Blvd.
GAINESVILLE, FL

D Frankel, Ralph MD
909 N Miami Bch
N Miami Bch, FL

D Chaska, Benjamin MD
8149 Green Glade Rd
JACKSONVILLE, FL 32256

D Jones, Donald C
760 Riverside Ave
JACKSONVILLE FL

14. I, the undersigned, do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified and licensed agent for the State of Florida.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (904)356-1571