FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000073414 (3)**

1. Corporation Name

THE DOCTORS' HEALTH PLAN, INC.

Principal Place of Business
760 RIVERSIDE AVE
JACKSONVILLE FL 32204

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

3. Date Incorporated or Qualified: 10/22/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3206890 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

NULAND, CHRISTOPHER L
760 RIVERSIDE AVE
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name: McAbee, Jack L.
82 Street Address (P.O. Box Number is Not Acceptable): 760 Riverside Avenue
83
84 City: Jacksonville FL 85 Zip Code: 32204

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jack L. McAbee — Jack L. McAbee — DATE: 8-2-96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	GOLDBERG, ROBERT	
STREET ADDRESS	4300 ALTON RD.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	D	☒ DELETE
NAME	SCHULTEN, MAURICE J	
STREET ADDRESS	436 NOKOMIS AVE., SO.	
CITY-ST-ZIP	VENICE FL	
TITLE	D	☒ DELETE
NAME	DOLAN, JAMES B.	
STREET ADDRESS	4063 SALISBURY RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	PARDOLL, PETER	
STREET ADDRESS	1609 PASADENA AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	☒ DELETE
NAME	BRYAN, GLENN	
STREET ADDRESS	15 E. NASA BLVD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	☒ DELETE
NAME	JONES, DONALD C.	
STREET ADDRESS	760 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	☐ Change ☒ Addition
1.2 NAME	CHARLES P. HAYES, JR., M.D.	
1.3 STREET ADDRESS	2005 Riverside Avenue	
1.4 CITY-ST-ZIP	Jacksonville, Fl 32204	
2.1 TITLE	Vice C	☐ Change ☒ Addition
2.2 NAME	VINCENTE LAGO, M.D.	
2.3 STREET ADDRESS	1100 S.W. 57th AVENUE	
2.4 CITY-ST-ZIP	MIAMI, FL 33144	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	MORTON MORRIS, D.O., J.D.	
3.3 STREET ADDRESS	2500 HOLLYWOOD BLVD., SUITE 212	
3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020	
4.1 TITLE	T	☐ Change ☒ Addition
4.2 NAME	JUAN WEBSTER, M.D.	
4.3 STREET ADDRESS	5015 HOLLYWOOD BLVD.	
4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	FRANK E. KUCERA, M.D.	
5.3 STREET ADDRESS	229 N.E. 9th St.	
5.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	CECIL B. WILSON	
6.3 STREET ADDRESS	1341 ORANGE AVE.	
6.4 CITY-ST-ZIP	WINTER PARK, FL 32789	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption [illegible] Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles P. Hayes, Jr., M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

08/19/96 01005-001 $225.00 — 500190 1924925