FILE NOW: FILING FEE AFTER MAY 1 IS $__.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075329 (1)

1. Corporation Name

PREMIER ACCOUNTABLE HEALTH PLAN OF DELAND/DELTON A, INC.

Principal Place of Business	Mailing Address
1808 INT'L SPEEDWAY BLVD STE 403 DAYTONA BEACH FL 32114 US	1808 INT'L SPEEDWAY BLVD STE 403 DAYTONA BEACH FL 32114 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 10/28/1993

3a. Date of Last Report: 03/29/1994

4. FEI Number: 58-2075369 — 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	
TITLE	C
NAME	IVES, JOHN E
STREET ADDRESS	4700 WATERS AVE
CITY-ST-ZIP	SAVANNAH GA
TITLE	P
NAME	BOLCH, ELLEN B
STREET ADDRESS	7135 HODGSON MEMORIAL DR, STE 13
CITY-ST-ZIP	SAVANNAH GA
TITLE	S
NAME	LUPACCHINO, ROBERT L
STREET ADDRESS	7135 HODGSON MEMORIAL DR, STE 13
CITY-ST-ZIP	SAVANNAH GA
TITLE	AS
NAME	WOLFE, MELODY L
STREET ADDRESS	4700 WATERS AVE
CITY-ST-ZIP	SAVANNAH GA
TITLE	AS
NAME	BLOOD, NANCY
STREET ADDRESS	7135 HODGSON MEMORIAL DR, STE 13
CITY-ST-ZIP	SAVANNAH GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field		Change / Addition
1.1 TITLE	C	☒ Change ☐ Addition
1.2 NAME	Kathy Jones	
1.3 STREET ADDRESS	4700 Waters Ave	
1.4 CITY-ST-ZIP	Savannah, GA 31404	
2.1 TITLE	CFO	☒ Change ☐ Addition
2.2 NAME	Michael Scheer	
2.3 STREET ADDRESS	4700 Waters Ave	
2.4 CITY-ST-ZIP	Savannah, GA 31404	
3.1 TITLE	S	☒ Change ☐ Addition
3.2 NAME	Robert Luppacchino	
3.3 STREET ADDRESS	7135 Hodgson Memorial Dr., Ste 13	
3.4 CITY-ST-ZIP	Savannah, GA 31406	
4.1 TITLE	Agent	☒ Change ☐ Addition
4.2 NAME	Roy Gingrich	
4.3 STREET ADDRESS	7135 Hodgson Memorial Dr., Ste. 13	
4.4 CITY-ST-ZIP	Savannah, GA 31406	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roy M. Gingrich

4/26/95 — DATE
912-350-6505 — Daytime Phone #

0008027 CP