

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 # P94000001763 (9)

1. Corporation Name

FOUNDATION HEALTH, A FLORIDA HEALTH PLAN, INC.



Principal Place of Business

7950 NW 53RD ST
THIRD FLOOR
MIAMI FL 33166
US

Mailing Address

Legal Department
3400 DATA DRIVE
RANCHO CORDOVA CA 95670

3. Date Incorporated or Qualified

01/07/1994

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

4. FEI Number

68-0322363

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Same

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

Signature, typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature is required when the address is changed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	KRIES, LAWRENCE H	7950 NW 53RD ST., 3RD FLR	MIAMI FL	<input checked="" type="checkbox"/>
DC	BENSON, KIRK A	3400 DATA DRIVE	RANCHO CORDOVA CA	<input type="checkbox"/>
DT	ELDER, JEFFREY L	3400 DATA DRIVE	RANCHO CORDOVA CA	<input type="checkbox"/>
S	MARABITO, ALLEN J	3400 DATA DRIVE	RANCHO CORDOVA CA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
DP	Steven B. Griffin	7950 NW 53rd Street, Third Floor	Miami FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DC VP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT VP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
AS	Lissette Currier-Martinez	7950 NW 53rd Street, Third Floor	Miami, FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey L. Elder, Senior VP / CEO

1/16/96
Date

(916) 631-5800
Daytime Phone #

CR2E034 (12/95)