FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000018087 (4)

1. Corporation Name

~~RISCARE~~ HEALTH PLANS, INC.
RISCORP

Principal Place of Business	Mailing Address
1390 MAIN ST. SARASOTA FL 34236	1390 MAIN ST. SARASOTA FL 34236

3. Date Incorporated or Qualified: 03/08/1994
3a. Date of Last Report:

4. FEI Number: 650474139 — Applied For / Not Applicable

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

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

BROWN, DARYL J
1819 MAIN ST.
SUITE 1100
SARASOTA FL 34236

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

TITLE	D
NAME	GRIFFIN, WILLIAM D
STREET ADDRESS	1390 MAIN ST.
CITY ST ZIP	SARASOTA FL 34236

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	[X] Change	☐ Addition
1.2 NAME	Griffin, William D		
1.3 STREET ADDRESS	1390 Main Street		
1.4 CITY ST ZIP	Sarasota FL		
2.1 TITLE	P	☐ Change	[X] Addition
2.2 NAME	Malone, James A		
2.3 STREET ADDRESS	1390 Main Street		
2.4 CITY ST ZIP	Sarasota FL		
3.1 TITLE	S	☐ Change	[X] Addition
3.2 NAME	Corbett, Barbara		
3.3 STREET ADDRESS	1390 Main Street		
3.4 CITY ST ZIP	Sarasota FL		
4.1 TITLE	T	☐ Change	[X] Addition
4.2 NAME	Hammel, Edward		
4.3 STREET ADDRESS	1390 Main Street		
4.4 CITY ST ZIP	Sarasota FL		
5.1 TITLE			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			

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****200.00 ****200.00

T's, 5/11/95

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: Edward Hammel 4/28/95 813 951 2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0341842 CP