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FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000018087 (4)

1. Corporation Name

RISCORP HEALTH PLANS, INC.

Principal Place of Business

1390 MAIN ST.
SARASOTA FL 34236

Mailing Address

1390 MAIN ST.
SARASOTA FL 34236-5687



3. Date Incorporated or Qualified
03/08/1994

3a. Date of Last Report
04/23/1996

4. FEI Number

65-0474139

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Kamm, Kelli

82 Street Address (P.O. Box Number is Not Acceptable)

1390 Main Street

83

84 City

Sarasota

FL

85 Zip Code

34236

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:

Kelli Kamm
Signature typed or printed name of registered agent and title if applicable.

Kelli Kamm

(NOTE: Registered Agent signature required when reinstalling)

4/8/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE D/CEO ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME MALONE, JAMES A
STREET ADDRESS 1390 MAIN ST.
CITY-ST-ZIP SARASOTA FL

2.1 TITLE S ☐ Change ☒ Addition
2.2 NAME Kamm, Kelli
2.3 STREET ADDRESS 1390 Main Street
2.4 CITY-ST-ZIP Sarasota, FL

TITLE VP ☒ DELETE
NAME CORBETT, BARBARA
STREET ADDRESS 1390 MAIN ST.
CITY-ST-ZIP SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DST ☐ DELETE
NAME HAMMEL, EDWARD
STREET ADDRESS 1390 MAIN ST.
CITY-ST-ZIP SARASOTA FL

4.1 TITLE D/T ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME STEWART, LAVELLE J.
STREET ADDRESS 1390 MAIN STREET
CITY-ST-ZIP SARASOTA FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Lavelle, J. Stewart
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VC ☒ DELETE
NAME MERRITT, L. SCOTT
STREET ADDRESS 8390 MAIN ST
CITY-ST-ZIP SARASOTA FL

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert L. Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97

Date

Deadline Phone #

CR2E034 (9/96)