

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000018087 (4)

1. Corporation Name

OXFORD HEALTH PLANS (FL), INC.

Principal Place of Business

1390 MAIN ST.
SARASOTA FL 34236

Mailing Address

1390 MAIN ST.
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1994

4. FEI Number

65-0474139

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KAMM, KELLI
1390 MAIN ST
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

Richard A. Fogel

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

1390 MAIN ST.

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCEO	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, WILLIAM D	
STREET ADDRESS	1390 MAIN ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KAMM, KELLI	
STREET ADDRESS	1390 MAIN ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HAMMEL, EDWARD	
STREET ADDRESS	1390 MAIN ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, LAVELLE J.	
STREET ADDRESS	1390 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KEVIN R. HILL	
1.3 STREET ADDRESS	399 THORNALL ST	
1.4 CITY-ST-ZIP	EDISON NJ 08837	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRENDAN R. SHANNAN	
2.3 STREET ADDRESS	800 CONNECTICUT AVE c/o Oxford	
2.4 CITY-ST-ZIP	NORWALK, CT 06854	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCOTT M. SCHWARTZ	
3.3 STREET ADDRESS	800 CONNECTICUT AVE c/o Oxford	
3.4 CITY-ST-ZIP	NORWALK, CT 06854	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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

[Signature]

4/20/98

CP2E034 (10/97)