

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90053 049 ***150.00

0474006

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000018087**

1. Corporation Name
OXFORD HEALTH PLANS (FL), INC.

Principal Place of Business	Mailing Address
1390 MAIN ST. SARASOTA FL 34236	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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	30

9. Name and Address of Current Registered Agent

FOGEL, RICHARD A
 1390 MAIN STREET
 SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name	ORDET X KARL J
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 *Karl Ordet* DATE **11/4/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	HILL, KEVIN R
STREET ADDRESS	399 THORNALL ST
CITY-ST-ZIP	EDISON NJ 08837
TITLE	T <input type="checkbox"/> DELETE
NAME	SHANAHAN, BRENDON
STREET ADDRESS	800 CONNECTICUT AVE, C/O OXFORD
CITY-ST-ZIP	NORWALK CT 06854
TITLE	S <input type="checkbox"/> DELETE
NAME	SCHWARTZ, SCOTT M
STREET ADDRESS	800 CONNECTICUT AVE, C/O OXFORD
CITY-ST-ZIP	NORWALK CT 06854
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *Scott M Schwartz* DATE: **1/20/99** DAYTIME PHONE #: **203 851 2646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)