

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000038389 (0)

1. Corporation Name

SUNBELT HEALTH PLAN, INC.

Principal Place of Business

601 E ROLLINS STREET
ORLANDO FL 32803

Mailing Address

601 E ROLLINS STREET
ORLANDO FL 32803

3. Date Incorporated or Qualified 05/17/1994	3a. Date of Last Report 08/24/1995
4. FEI Number 59-3366367 APPLIED FOR	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

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Suite, Apt. #, etc

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City & State

23

Zip

Country

24

2a. Mailing Address

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Suite, Apt. #, etc

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City & State

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Zip

Country

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City & State

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Zip

Country

9. Name and Address of Current Registered Agent

TRIMBLE, T L
2400 BEDFORD ROAD
C/O ADVENTIST HEALTH SYSTEM / SUNBELT
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

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

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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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-electing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOHANNON, DONALD	
STREET ADDRESS	601 E ROLLINS ST	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CUMMINS, DES	
STREET ADDRESS	601 E ROLLINS STREET	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	D	<input type="checkbox"/> DELETE
NAME	REINER, RICH	
STREET ADDRESS	601 E ROLLINS STREET	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, SCOTT	
STREET ADDRESS	601 E ROLLINS STREET	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SALMONS, JOAN	
STREET ADDRESS	601 E ROLLINS STREET	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

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43 STREET ADDRESS

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