FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION 'ANNUAL REPORT **1996**

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

DOCUMENT # **P94000066393 (7)**

1. Corporation Name

PACIFICARE ADMINISTRATIVE SERVICES OF FLORIDA, I NC.

Principal Place of Business	Mailing Address
ONE ALHAMBRA PLACE. SUITE 1000 CORAL GABLES FL 33134	ONE ALHAMBRA PLACE. SUITE 1000 CORAL GABLES FL 33134

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 09/09/1994
3a. Date of Last Report: 09/18/1995
4. FEI Number: 33-0603319 ☐ 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

9. Name and Address of Current Registered Agent

SPIVACK, DAVID
ONE ALHAMBRA PLACE, SUITE 1000
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 900001828949 -05/20/96--01037--016 ***200.00
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 _____ (NOTE: Registered Agent Signature required when signing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD FOLICK, JEFF 1 ALHAMBRA PLAZA, STE. 1000 CORAL GABLES FL 33134	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/C Folick, Jeff 5995 Plaza Drive Cypress, CA 90630 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOT LOWELL, WAYNE 1 ALHAMBRA PLAZA, STE. 1000 CORAL GABLES FL 33134	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/CFO Lowell, Wayne " " — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, ROGER MD 1 ALHAMBRA PLAZA, STE. 1000 CORAL GABLES FL 33134	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Taylor, Roger, M.D. " " — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KONOWIECHT, JOSEPH 1 ALHAMBRA PLAZA, STE. 1000 CORAL GABLES FL 33134	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S Konowiecki, Joseph " " — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS SPIVACK, DAVID 1 ALHAMBRA PLAZA, STE. 1000 CORAL GABLES FL 33134	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/VP/AS/AT Spivack, David 1 Alhambra Plaza, Suite 1000 Coral Gables, FL 33134 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS LUEO, ORESTES 1 ALHAMBRA PLAZA, STE. 1000 CORAL GABLES FL 33134	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	P/D Goodstein, Mitchell 1 Alhambra Plaza, Suite 1000 Coral Gables, FL 33134 — ☒ Change ☒ Addition

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)(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: _____ April 23, 1996 (305)443-3739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David Spivack Vice President/Chief Financial Officer

CR2E034 (12/95)