FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 23 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068810 (8)

1. Corporation Name
VANTAGE HEALTH PLAN, INC.

Principal Place of Business	Mailing Address
2345 PARK STREET JACKSONVILLE FL 32204	2345 PARK STREET JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2345 Park Street
22 Suite, Apt. #, etc.: 2nd Floor
23 City & State: Jacksonville Florida
24 Zip: 32204
25 Country: USA

2a. Mailing Address
26: 2570 Technical Drive
27 Suite, Apt. #, etc.:
28 City & State: Miamisburg Ohio
29 Zip: 45342
30 Country: USA

4. FEI Number: 59-3277334 ☐ 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

OKIE, ALLEN M.D.
2345 PARK STREET
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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: Allen Okie, MD - Vice President — February 20, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	Vice President ☐ Change ☐ Addition
NAME	James N. Burt, M.D.	1.2 NAME	Mitchell S. Rothstein, M.D.
STREET ADDRESS	710 Lomax Street	1.3 STREET ADDRESS	1801 Darrs - Ste. 810
CITY-ST-ZIP	Jacksonville, Florida 32204	1.4 CITY-ST-ZIP	Jacksonville, Florida 32204
TITLE	Vice President	2.1 TITLE	Vice President ☐ Change ☐ Addition
NAME	Joseph M. Millan, M.D.	2.2 NAME	Richard D. Glock, M.D.
STREET ADDRESS	1702 Osceloa Street	2.3 STREET ADDRESS	830 Prudential - Ste. 1402
CITY-ST-ZIP	Jacksonville, Florida 32204	2.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	Vice President	3.1 TITLE	Vice President ☐ Change ☐ Addition
NAME	Thomas A. Marsland, M.D.	3.2 NAME	William L. Carriere, M.D.
STREET ADDRESS	1895 Kingsley Ave. #602	3.3 STREET ADDRESS	6484 Ft. Carolina
CITY-ST-ZIP	Orange Park, Florida 32073	3.4 CITY-ST-ZIP	Jacksonville, Florida 32211
TITLE	Vice President	4.1 TITLE	Secretary/Treasurer ☐ Change ☐ Addition
NAME	John P. Arnold, M.D.	4.2 NAME	Charles P. Duncan
STREET ADDRESS	2035 Professional Ctr.	4.3 STREET ADDRESS	2570 Technical Drive
CITY-ST-ZIP	Jacksonville, Florida 32204	4.4 CITY-ST-ZIP	Miamisburg, Ohio 45342
TITLE	Vice President	5.1 TITLE	☐ Change ☐ Addition
NAME	Ernest R. Kimball, M.D.	5.2 NAME	
STREET ADDRESS	836 Prudential Dr. - Ste. 1107	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Florida 32207	5.4 CITY-ST-ZIP	
TITLE	Vice President/Medical Director	6.1 TITLE	☐ Change ☐ Addition
NAME	Allen Okie, M.D.	6.2 NAME	
STREET ADDRESS	2345 Park Street	6.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Florida 32204	6.4 CITY-ST-ZIP	

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: Charles P. Duncan, Secretary — February 20, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022401 CP