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 # P94000068810 (8)

1. Corporation Name

VANTAGE HEALTH PLAN, INC.

Principal Place of Business

2345 PARK STREET
2ND FLR
JACKSONVILLE FL 32204
US

Mailing Address

4250 LAKESIDE DRIVE
SUITE 210
JACKSONVILLE FL 32210
US

3. Date Incorporated or Qualified: 09/15/1994

3a. Date of Last Report: 03/23/1995

4. FEI Number: 59-3277334 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] $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 [X] Yes ☐ No

2. Principal Place of Business
21 4250 Lakeside Drive
Suite, Apt. #, etc.
22 Suite 210
City & State
23 Jacksonville, FL
Zip
24 32210
Country
25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

MARSHALL, LANCE D
4250 LAKESIDE DRIVE
SUITE 210
JACKSONVILLE FL 32210

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	BURT, JAMES N. M	710 LOMAX ST	JACKSONVILLE FL	☐
VP	MILLAN, JOSEPH M. M	1702 OSCEOLA ST	JACKSONVILLE FL	☐
VP	MARSLAND, THOMAS A. M	1895 KINGSLEY AVE #602	ORANGE PARK FL	☐
VP	ARNOLD, JOHN P. M	2035 PROFESSIONAL CTR	JACKSONVILLE FL	☐
ST	DUNCAN, CHARLES P.	2570 TECHNICAL DR	MIAMISBURG OH	☐
VP	CARRIERE, WILLIAM L. M	6484 FT CAROLINA	JACKSONVILLE FL	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	VP	Kimball, Ernest R.	836 Prudential Drive Suite 1	Jacksonville, FL 32207	☐	[X]
2	VP	Glock, Richard D.	836 Prudential Drive Suite 1402	Jacksonville, FL 32207	☐	[X]
3	Med. Director	Okie, Allen	2345 Park Street	Jacksonville, FL 32204	☐	[X]
4					☐	☐
5					☐	☐
6					☐	☐

CR2E034 (12/95)

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)(k), 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 4/15/96 800-848-2264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR