

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000068810 (8)

1. Corporation Name
VANTAGE HEALTH PLAN, INC.

Principal Place of Business
4250 LAKESIDE DRIVE
SUITE 210
JACKSONVILLE FL 32210
US

Mailing Address
4250 LAKESIDE DRIVE
SUITE 210
JACKSONVILLE FL 32210-3369
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1994		3a. Date of Last Report 04/24/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3277334		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARSHALL, LANCE D 4250 LAKESIDE DRIVE SUITE 210 JACKSONVILLE FL 32210				81. Name Allen Okie, MD			
				82. Street Address (P.O. Box Number is Not Acceptable) 4250 Lakeside Drive			
				83. Suite 210			
				84. City Jacksonville			
				85. Zip Code FL 32210			

11. Pursuant to the provisions of Sections 607.05(2) 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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	11. TITLE	ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BURT, JAMES N. M		12. NAME	Kimball, Ernest R.			
STREET ADDRESS	710 LOMAX ST		13. STREET ADDRESS	836 Prudential Drive Suite 1			
CITY - ST - ZIP	JACKSONVILLE FL		14. CITY - ST - ZIP	Jacksonville, FL 32207	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	VP	<input type="checkbox"/> DELETE	21. TITLE	VP			
NAME	MILLAN, JOSEPH M. M		22. NAME	Glock, Richard D.			
STREET ADDRESS	1702 OSCEOLA ST		23. STREET ADDRESS	836 Prudential Drive Suite 1402			
CITY - ST - ZIP	JACKSONVILLE FL		24. CITY - ST - ZIP	Jacksonville, FL 32207	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	VP	<input type="checkbox"/> DELETE	31. TITLE	CEO, Med. Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MARSLAND, THOMAS A. M		32. NAME	Okie, Allen			
STREET ADDRESS	1895 KINGSLEY AVE #602		33. STREET ADDRESS	2345 Park Street			
CITY - ST - ZIP	ORANGE PARK FL		34. CITY - ST - ZIP	Jacksonville, FL 32204			
TITLE	VP	<input type="checkbox"/> DELETE	41. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ARNOLD, JOHN P. M		42. NAME				
STREET ADDRESS	2035 PROFESSIONAL CTR		43. STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		44. CITY - ST - ZIP				
TITLE	ST	<input checked="" type="checkbox"/> DELETE	51. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DUNCAN, CHARLES P.		52. NAME				
STREET ADDRESS	2570 TECHNICAL DR		53. STREET ADDRESS				
CITY - ST - ZIP	MIAMISBURG OH		54. CITY - ST - ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	61. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARRIERE, WILLIAM L. M		62. NAME				
STREET ADDRESS	6484 FT CAROLINA		63. STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		64. CITY - ST - ZIP				

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97

374457

Date

Daytime Phone #

CR2E034 (9/96)