

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

FILED

Jul 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000068810  
1. Corporation Name

Vantage Health Plan, Inc.

Principal Place of Business  
4250 Lakeside Drive  
Suite 210  
Jacksonville, FL 32210

Mailing Address  
4250 Lakeside Drive  
Suite 210  
Jacksonville, FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
9/15/94

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3277334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Allen M. Okie  
4250 Lakeside Drive  
Suite 210  
Jacksonville, FL 32210

10. Name and Address of New Registered Agent

81 Name  
Allen M. Okie

82 Street Address (P.O. Box Number is Not Acceptable)  
2345 Park Street

83

84 City  
Jacksonville

FL

85 Zip Code  
32204

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE  
NAME Joseph M. Millan  
STREET ADDRESS 1702 Osceola Street  
CITY-ST-ZIP Jacksonville, FL

TITLE VP ☐ DELETE  
NAME Thomas Marsland  
STREET ADDRESS 1895 Kinglsey Ave. #602  
CITY-ST-ZIP Orange Park, FL 32073

TITLE VP ☐ DELETE  
NAME John Arnold  
STREET ADDRESS 2035 Professional Center  
CITY-ST-ZIP Jacksonville, FL

TITLE VP ☐ DELETE  
NAME Richard D. Glock  
STREET ADDRESS 836 Prudential Dr. Suite 1402  
CITY-ST-ZIP Miamisburg, OH

TITLE VP ☐ DELETE  
NAME William L. Carriere  
STREET ADDRESS 6484 Ft. Caroline Rd.  
CITY-ST-ZIP Jacksonville, FL 32211

TITLE ST ☐ DELETE  
NAME Ernest Kimball  
STREET ADDRESS 836 Prudential Dr, Suite 1  
CITY-ST-ZIP Jacksonville, FL 32207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)