P31

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 JUN 29 AM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****233.75 ****233.75

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000038419

1. Corporation Name

PRIMUS Health Plan, Inc.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 12/06/94
3a. Date of Last Report: -------

2. Principal Place of Business	2a. Mailing Address
21 18350 NW 2nd Avenue	26 20533 Biscayne Blvd.
22 Suite, Apt. #, etc. #400	27 Suite, Apt. #, etc. #4457
23 City & State: Miami, Florida	28 City & State: Aventura, Florida
24 Zip: 33169 / 25 Country: USA	29 Zip: 33180 / 30 Country: USA

4. FEI Number: 65-0540527 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

James R. Jude, M.D.
18350 NW 2nd Avenue
Suite 400
Miami, FL 33169

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: _____ James R. Jude, M.D. 06/06/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	See Attached List	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition CH

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: _____ James R. Jude, M.D. 06/06/95 305-651-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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1. Chairman
James R. Jude, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

2. Vice-Chairman
Gabriel Costa, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

3. Secretary
Enrique Gomez, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

4. Treasurer
Jose Marquez, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

5. Director
Mario Almeida, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

6. Director
Violeta Atanasoski, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

7. Director
Steven Birnbach, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

8. Director
Leslie Crescimano, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

9. Director
Frank J. Estevez, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

10. Director
Steven Fagien, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

11. Director
Enrique Huertas, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

12. Director
Saul Lanes, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

13. Director
Ira Lazar, M.D.
8350 NW 2nd Ave., #400
Miami, FL 33169

14. Director
Stuart Leeds, D.P.M.
18350 NW 2nd Ave., #400
Miami, FL 33169

15. Director
Lance Lester, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

16. Director
Richard L. Levine
18350 NW 2nd Ave., #400
Miami, FL 33169

17. Director
Monica Manasa, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

18. Director
Ildefonso J. Mas, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

19. Director
Roberto A. Miki, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

20. Director
Miguel Milian, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

21. Director
Victor M. Padilla, III, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

22. Director
William L. Pintauro, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

23. Director
Juan A. Quintana, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

24. Director
Edward L. Reid, II, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

25. Director
Michael J. Rush, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

26. Director
Jorge Sanchez-Masiques, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

27. Director
Robert J. Schwarzberg, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

28. Director
Harlan Selesnick, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169