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

Division of Corporations
95 FEB 24 PM 3:46

DOCUMENT # **P94000089903 (6)**

1. Corporation Name
SOUTHERN MEDICAL PLAN, INC.

Principal Place of Business
801 BRICKELL AVE
SUITE 1901
MIAMI FL 33131

Mailing Address
801 BRICKELL AVE
SUITE 1901
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/12/1994**
3a. Date of Last Report: 1st Report 1995

21 2. Principal Place of Business: as above
26 2a. Mailing Address: as above
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
23 City & State
28 City & State
24 Zip
25 Country
29 Zip
30 Country

4. FEI Number: [X] 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 F.S. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
KLEIN, BRENT D
801 BRICKELL AVE
SUITE 1901
MIAMI FL 33131

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 this 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 of Current Registered Agent or Its Successor (R.A.) Resigning Agent (Signature of Resigning Agent or Successor Agent)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CEULEERS, BARBARA
STREET ADDRESS	8540 OLD CUTLER RD
CITY, ST, ZIP	MIAMI FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	P/D [X] Change [ ] Addition
1. NAME	Barbara Ceuleers
1. STREET ADDRESS	8540 Old Cutler Road
1. CITY, ST, ZIP	Miami, Florida 33156
2. TITLE	[ ] Change [ ] Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	[ ] Change [ ] Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	[ ] Change [ ] Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	[ ] Change [ ] Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	[ ] Change [ ] Addition
6. NAME	
6. STREET ADDRESS	
6. 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 statutes contained in F.S. 119, 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 hereinabove, or on an attachment with any alteration.

SIGNATURE: Barbara Ceuleers 2/17/95 **305-665-7242**
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
Barbara Ceuleers

0131034 CP