

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

FILED

Feb 11 1998 8:00am

Secretary of State

As

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000000260 (6)

1. Corporation Name

AMERICAN MEDICAL SECURITY HEALTH PLAN, INC.



Principal Place of Business

Mailing Address

1900 SUMMIT TOWER BLVD
SUITE 700
ORLANDO FL 32810
US

1900 SUMMIT TOWER BLVD
SUITE 700
ORLANDO FL 32810
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1995

4. FEI Number

59-3329787

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 ~~SECRETARY~~ ☒ DELETE
NAME ~~WALLACE J. HILLIARD~~
STREET ADDRESS ~~3100 AMS BOULEVARD~~
CITY-ST-ZIP ~~GREEN BAY WI~~

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME EDWARD R. Skoldberg
1.3 STREET ADDRESS 3100 AMS Boulevard
1.4 CITY-ST-ZIP Green Bay, WI 54313

TITLE ~~ASST~~ ☒ DELETE
NAME ~~MCMILLAN, FRANK~~
STREET ADDRESS ~~855 NORTH WYMORE RD, STE 101~~
CITY-ST-ZIP ~~WINTER PARK FL~~

2.1 TITLE P+ CEO ☐ Change ☒ Addition
2.2 NAME EDWARD CABRERA MD
2.3 STREET ADDRESS 1900 Summit Tower Blvd Suite 700
2.4 CITY-ST-ZIP Orlando, FL 32810

TITLE ~~DT~~ ☐ DELETE
NAME ~~TIMOTHY L DAY~~
STREET ADDRESS ~~3100 AMS BOULEVARD~~
CITY-ST-ZIP ~~GREEN BAY WI~~

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME TIMOTHY J MOORE
3.3 STREET ADDRESS 3100 AMS Boulevard
3.4 CITY-ST-ZIP Green Bay, WI 54313

TITLE ~~DR~~ ☐ DELETE
NAME ~~D-CHAIRMAN~~
STREET ADDRESS ~~MARK R MINSLOFF~~
CITY-ST-ZIP ~~3100 AMS BOULEVARD~~
~~GREEN BAY WI~~

4.1 TITLE ASST Secretary ☐ Change ☒ Addition
4.2 NAME Julie A. Dubey
4.3 STREET ADDRESS 3100 AMS Boulevard
4.4 CITY-ST-ZIP Green Bay, WI 54313

TITLE ~~PC~~ ☐ DELETE
NAME ~~SANDRA K JOHNSON~~
STREET ADDRESS ~~1900 SUMMIT TOWER BLVD., SUITE 700~~
CITY-ST-ZIP ~~ORLANDO FL~~

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

TITLE ~~DVP~~ ☐ DELETE
NAME ~~RICH K REIMER~~ Richard K. Reimer
STREET ADDRESS ~~FLORIDA HOSPITAL HEALTHCARE SYSTEM~~
CITY-ST-ZIP ~~ORLANDO FL 32801~~ 601 EAST COLLINS ST

6.1 TITLE 1000024291 ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
-02/12/98--01071--021
***150.00

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.

CR2E034 (10/97)