

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**FILED**  
**Jan 31 1997 8:00am**  
**Secretary of State**

**DOCUMENT # P95000005019 (1)**

1. Corporation Name

**THE NATIONS HEALTH PLAN, INC.**

Principal Place of Business

**304 N. MAIN STREET  
ROCKFORD IL 61101**

Mailing Address

**LEGAL DEPARTMENT  
1750 E. GOLF ROAD  
SCHAUMBURG IL 60173-5835**

3. Date Incorporated or Qualified

**01/19/1995**

3a. Date of Last Report

**08/15/1996**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

4. FEI Number

**36-4020089**

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 s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**P**

☒ DELETE

NAME

**PEREZ, JOE M  
304 N. MAIN STREET  
ROCKFORD IL 61101**

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VPS**

☐ DELETE

NAME

**WAID, CLARK A III  
1750 E. GOLF ROAD  
SCHAUMBURG IL 60173**

STREET ADDRESS

CITY - ST - ZIP

TITLE

**T**

☐ DELETE

NAME

**VICKERS, DAVID I  
1750 E. GOLF ROAD  
SCHAUMBURG IL 60173**

STREET ADDRESS

CITY - ST - ZIP

TITLE

**D**

☐ DELETE

NAME

**NAUERT, PETER W  
1750 E. GOLF ROAD  
SCHAUMBURG IL 60173**

STREET ADDRESS

CITY - ST - ZIP

TITLE

**D**

☐ DELETE

NAME

**SCHEPER, CHARLES R  
205 W. FOURTH ST.  
CINCINNATI OH 45202**

STREET ADDRESS

CITY - ST - ZIP

TITLE

**D**

☐ DELETE

NAME

**CAVATAIO, MICHAEL A  
3125 RAMSGATE ROAD  
ROCKFORD IL 61114**

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**President**

☒ Change ☐ Addition

1.2 NAME

**Carl H. Fischer**

1.3 STREET ADDRESS

**1750 E. Golf Road  
Schaumburg, IL 60173**

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 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 in an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)