

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000005019**1. Entity Name
THE NATIONS HEALTH PLAN, INC.

Principal Place of Business	Mailing Address
2273 RESEARCH BLVD., 4TH FLOOR	2273 RESEARCH BLVD., 4TH FLOOR
ROCKVILLE MD 20850 US	ROCKVILLE MD 20850 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0549402

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentC T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324 US

FL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **08/23/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	S MOTT JOSEPH MESQ
STREET ADDRESS	2273 RESEARCH BLVD., 4TH FLOOR
CITY-ST-ZIP	ROCKVILLE MD 20850
TITLE	<input type="checkbox"/> Delete
NAME	T WHYTE FRANCIS X
STREET ADDRESS	2273 RESEARCH BLVD., 4TH FLOOR
CITY-ST-ZIP	ROCKVILLE MD 20850
TITLE	<input type="checkbox"/> Delete
NAME	PD CIVERA EDWARD S
STREET ADDRESS	2273 RESEARCH BLVD., 4TH FLOOR
CITY-ST-ZIP	ROCKVILLE MD 20850
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEITEL DAVID MESQ
STREET ADDRESS	2273 RESEARCH BLVD., 4TH FLOOR
CITY-ST-ZIP	ROCKVILLE MD 20850
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T REDMOND ELIZABETH
STREET ADDRESS	2273 RESEARCH BLVD., 4TH FLOOR
CITY-ST-ZIP	ROCKVILLE MD 20850
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD KARADIMAS SPIRO
STREET ADDRESS	2273 RESEARCH BLVD., 4TH FLOOR
CITY-ST-ZIP	ROCKVILLE MD 20850
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE MOTT**S****08/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)