

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90002 023 ***158.75

DOCUMENT # P95000005019

1. Entity Name

THE NATIONS HEALTH PLAN, INC.



Principal Place of Business

2273 RESEARCH BLVD., 4TH FLOOR
ROCKVILLE MD 20850
US

Mailing Address

2273 RESEARCH BLVD., 4TH FLOOR
C/O LEGAL DEPARTMENT
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

MOORE

CR2E034 (11/03)

4. FEI Number 65-0549402

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WHITE, DALE A
STREET ADDRESS 2273 RESEARCH BLVD., 4TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20850 ☒ Delete

TITLE P
NAME Donald Rubin
STREET ADDRESS 115 Fifth Avenue 7th fl
CITY-ST-ZIP New York, NY 10003-1004 ☒ Change ☐ Addition

TITLE T
NAME ANDERSON, GEORGE M
STREET ADDRESS 2273 RESEARCH BLVD., 4TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20850 ☒ Delete

TITLE T
NAME Richard Gerstein
STREET ADDRESS 115 Fifth Avenue 7th fl
CITY-ST-ZIP New York, NY 10003-1004 ☒ Change ☐ Addition

TITLE S
NAME FEITEL, DAVID M
STREET ADDRESS 2273 RESEARCH BLVD., 4TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20850 ☒ Delete

TITLE S
NAME Mary Feller
STREET ADDRESS 115 Fifth Avenue 7th floor
CITY-ST-ZIP New York, NY 10003-1004 ☒ Change ☐ Addition

TITLE D
NAME FEITEL, DAVID M
STREET ADDRESS 2273 RESEARCH BLVD, 4TH FLOOR
CITY-ST-ZIP ROCKVILLE MD 20850 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #