

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000017251 (6)

1. Corporation Name

PREMIER HEALTH PLAN, INC.



Principal Place of Business

Mailing Address

ATTN: CARY FRIEDLANDER
4020 WILLOW RUN
PALM BEACH GARDENS FL 33418

ATTN: CARY FRIEDLANDER
4020 WILLOW RUN
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

2a. Mailing Address

21 **250 AUSTRALIAN AVE S.**

26 **250 AUSTRALIAN AVE S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 1110**

27 **# 1110**

City & State

City & State

23 **WEST PALM BEACH FL**

28 **WEST PALM BEACH FL**

Zip

Country

Zip

Country

24 **33401**

25 **P. B.**

29 **33401**

30 **P. B.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/01/1995

3a. Date of Last Report

4. FET Number

65-0565286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**FARRELL, JAMES A ESO.
SHUTTS & BOWEN
250 S. AUSTRALIAN AVE., SUITE 500
WEST PALM BEACH FL 33401**

81 Name

CARY P. FRIEDLANDER

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

250 AUSTRALIAN AVE S # 1110

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33401

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

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

V.P. CARY P. FRIEDLANDER
NOTE: Registered Agent signature required when reinstating

4/30/96
Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **COOPER, ALAN**
STREET ADDRESS **4220 WILLOW RUN**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **STD** ☐ DELETE
NAME **FRIEDLANDER, CARY**
STREET ADDRESS **4220 WILLOW RUN**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **VPD** ☒ DELETE
NAME **KENT, ROBERT**
STREET ADDRESS **4220 WILLOW RUN**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Cary P. Friedlander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARY P. FRIEDLANDER

4/30/96

407 832 3001

Date

Daytime Phone #

CR2E034 (12/95)