

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000019008 (8)

1. Corporation Name

HUMANA HEALTH CARE PLANS - SOUTH PEMBROKE PINES,
INC.

Principal Place of Business

2400 E. COMMERCIAL BLVD.
#315
FORT LAUDERDALE FL 33308

Mailing Address

ATTN: TAX DEPT
P.O. BOX 740026
LOUISVILLE KY 40201-7426
US

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

3. Date Incorporated or Qualified

03/08/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0564261

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

10. Name and Address of New Registered Agent

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 the applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

D BIRCH, WALTER E
2400 E. COMMERCIAL BLVD., SUITE 315
FORT LAUDERDALE FL 33308

TITLE NAME ☐ DELETE

PD SMITH, WAYNE
500 W. MAIN ST.
LOUISVILLE KY 40201-1438

TITLE NAME ☐ DELETE

VPD CASH, LARRY W SR
500 W. MAIN ST.
LOUISVILLE KY 40201-1438

TITLE NAME ☐ DELETE

VPD COUGHLIN, KAREN A SR
500 W. MAIN ST.
LOUISVILLE KY 40201-1438

TITLE NAME ☐ DELETE

VPD GARMON, PHILIP B SR
500 W. MAIN ST.
LOUISVILLE KY 40201-1438

TITLE NAME ☐ DELETE

VPD LANKFORD, RONALD S SR
500 W. MAIN ST.
LOUISVILLE KY 40201-1438

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD WOLF, GREGORY H. ☒ Change ☐ Addition

1.2 NAME 500 W MAIN
1.3 STREET ADDRESS LOUISVILLE KY 40201-1438

1.4 CITY - ST - ZIP ☒ Change ☐ Addition

2.1 TITLE STVP D McALLISTER, MICHAEL B. ☒ Change ☐ Addition

2.2 NAME 500 W MAIN
2.3 STREET ADDRESS LOUISVILLE KY 40201-1438

2.4 CITY - ST - ZIP ☒ Change ☐ Addition

3.1 TITLE VP MURRAY, JAMES E. ☒ Change ☐ Addition

3.2 NAME 500 W MAIN
3.3 STREET ADDRESS LOUISVILLE KY 40201-1438

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE S KROGER, JOAN O. ☒ Change ☐ Addition

5.2 NAME 500 W MAIN
5.3 STREET ADDRESS LOUISVILLE KY 40201-1438

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE VP BAUERNFEIND, GEORGE ☒ Change ☐ Addition

6.2 NAME 500 W MAIN
6.3 STREET ADDRESS LOUISVILLE KY 40201-1438

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *George Bauernfeind* GEORGE BAUERNFEIND, V.P.-TAXES 11/3/97 (502)580-1000

FILED
May 07 1997 8:00am
Secretary of State



CR2E034 (9/96)