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FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ 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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
WOLF, GREGORY  
STREET ADDRESS 500 W MAIN  
CITY-ST-ZIP LOUISVILLE KY

TITLE ☐ DELETE

NAME SVPD  
MCALLISTER, MICHAEL B  
STREET ADDRESS 500 W. MAIN ST.  
CITY-ST-ZIP LOUISVILLE KY

TITLE ☐ DELETE

NAME VP  
MURRAY, JAMES E.  
STREET ADDRESS 500 W. MAIN ST.  
CITY-ST-ZIP LOUISVILLE KY

TITLE ☐ DELETE

NAME VPD  
COUGHLIN, KAREN A SR  
STREET ADDRESS 500 W. MAIN ST.  
CITY-ST-ZIP LOUISVILLE KY 40201-1438

TITLE ☐ DELETE

NAME S  
KROGER, JOAN O.  
STREET ADDRESS 500 W. MAIN ST.  
CITY-ST-ZIP LOUISVILLE KY

TITLE ☐ DELETE

NAME VP  
BAUERNFEIND, GEORGE  
STREET ADDRESS 500 W. MAIN ST.  
CITY-ST-ZIP LOUISVILLE KY

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

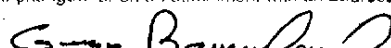
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S  
LENAHAN, JOAN O.

14. 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 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 V.P.-TAXES

APR 30 1998

(502)580-1000

CR2E034 (10/97)