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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P95000019045 (0)

1. Corporation Name
HUMANA HEALTH CARE PLANS - DAVIE, INC.

Principal Place of Business	Mailing Address
2400 E. COMMERCIAL BLVD. #315 FORT LAUDERDALE FL 33308	ATTN: TAX DEPT. P.O. BOX 740026 LOUISVILLE KY 40201-7426

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 03/08/1995	3a. Date of Last Report: 05/01/1996
21	26	4. FEI Number: 65-0564257	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PD	X ☐ Change ☐ Addition
NAME	BIRCH, WALTER E		1.2 NAME	WOLF, GREGORY H.	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE. 315		1.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	PD	☐ DELETE	2.1 TITLE	SrVP-D	X ☐ Change ☐ Addition
NAME	SMITH, WAYNE		2.2 NAME	McCALLISTER, MICHAEL B.	
STREET ADDRESS	500 W. MAIN ST.		2.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		2.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	VPD	☐ DELETE	3.1 TITLE	VP	X ☐ Change ☐ Addition
NAME	CASH, LARRY W SR		3.2 NAME	MURRAY, JAMES E.	
STREET ADDRESS	500 W. MAIN ST.		3.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		3.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COUGHLIN, KAREN A SR		4.2 NAME		
STREET ADDRESS	500 W. MAIN ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE	S	X ☐ Change ☐ Addition
NAME	GARMON, PHILIP B SR		5.2 NAME	KROGER, JOAN O.	
STREET ADDRESS	500 W. MAIN ST.		5.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		5.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	VPD	☐ DELETE	6.1 TITLE	VP	X ☐ Change ☐ Addition
NAME	LANKFORD, RONALD S SR		6.2 NAME	BAUERNFEIND, GEORGE	
STREET ADDRESS	500 W. MAIN ST.		6.3 STREET ADDRESS	500 W MAIN	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438		6.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	

CR2E034 (9/96)

14. I do 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: [signature] GEORGE BAUERNFEIND, V P-TAXES 4/30/97 (502)580-1000