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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P95000019045 (0)

HUMANA HEALTH CARE PLANS - DAVIE, INC.

FILED May 14 1998 8:00am Secretary of State



Phinoipal	Place of Bu	siness	Mailing Address						
2400 €.	COMMERCIA	L BLVD.	ATTN: TAX DEPT.						
#31\$			P.O. BOX 740026					T 05 4 05	
FORTU	AUDERDÂLE	FL 33308	LOUISVILLE KY 40201	-7426			DO NOT WRITE IN	THIS SPACE	
\	· ·						3. Date Incorporated or Qualified 03/08/1995		:
2. Princij	pal Place of	Business	2a. Mailing Address				4. FEI Number		Applied For
21			26				65-0564257] [Not Applicable
Suite.	Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	4	Additional Required
City &	State		City & State				6. Election Campaign Financing	\$5.0	0 May Be
23	+ .		28				Trust Fund Contribution		d to Fees
Zip	Ų.	Country	Zip	(Country		8. This corporation owes or has paid t	he current year l	Intangible
24	1.	25	29	30			Personal Property Tax due June 30	4-	□No
	.9. 1	lame and Address of Current					10. Name and Address of New Regis	tered Agent	
	C T COR	PORATION SYSTEM			81	Name			
1		JTH PINE ISLAND ROAD							
1		10N FL 33324			82	Street A	Address (P.O. Box Number is Not Acceptable)		
l l	PLARTA	1014 FL 33324			83				
}					53				
ţ	ļ	•			B4	City	, '	85 Zi	p Code
1.		•				•	<u> </u>	FL °°	
offic ager	e or register nt. I am fami	ed agent, or both, in the State of liar with, and accept the obligation	of Florida Such change witings of Section 607.0505	as author , Florida	rized by Statutes	the corp	corporation submits this statement for the purp poration's board of directors. I hereby accept the		as registered
	IRE						the state of the s	Contractor (1971)	
SIGNATO	01-11		and the development in the second	(NOTE: Burn	antennal Acres	et eigenture			****
	Signaturi	o, typiod or printed name of registered agen				nt signature	required when reinstaling)	DATE	7 PS IN 12
12.	Signaturi	o, typod or printed name of registered agen OFFICERS AND	DIRECTORS		13.	nt signature		S AND DIRECTO	
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indicated on this arrival 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. (502)580-1000