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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

DOCUMENT # P95000019045 (0)

1. Corporation Name

HUMANA HEALTH CARE PLANS - DAVIE, INC.

Principal Place of Business  
2400 E. COMMERCIAL BLVD.  
#318  
PORT LAUDERDALE FL 33308

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/08/1995

4. FEI Number  
65-0564257

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

GEORGE BAUERNFEIND, VP-TAXES APR 30 1998 (502)580-1000

CR2E034 (10/97)