

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90114 011 \*\*\*158.75

**DOCUMENT # P95000041233**

1. Entity Name  
**AMERICAN HEALTH PLAN ADMINISTRATORS, INC.**



Principal Place of Business  
**2701 S.W. LEJEUNE ROAD  
SUITE 401  
CORAL GABLES FL 33134**

Mailing Address  
**590 W 20ST  
HIALEAH FL 33010  
US**

20026561



2. Principal Place of Business  
*American Health Plan Administrators*

3. Mailing Address

Suite, Apt. #, etc.  
*600 West 20 Street*

Suite, Apt. #, etc.

City & State  
*Micron FL*

City & State

Zip  
*33010* Country  
*Miami Dade*

Zip

Country

4. FEI Number  
**65-0583926**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**BRACERAS, WILFRED  
600 W. 20TH ST.  
SUITE 401  
HIALEAH FL 33010**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **PTSD** ☐ Delete  
NAME **BRACERAS, WILFRED**  
STREET ADDRESS **600 WEST 20TH STREET**  
CITY - ST - ZIP **HIALEAH FL 33010**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Wilfred Bracer*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**WILFRED BRACERAS**

**3/18/03**

**(305) 863-8860**

Date

Daytime Phone #

CR20034 11/0/02