

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 06 1996 8:00 am
Secretary of State

DOCUMENT # P95000050569 (9)

1. Corporation Name

ALPHA HEALTH PLAN, INC.

Principal Place of Business

Mailing Address

C/O FLA. ASS. OF COMMUNITY HEALTH CENTERS
1203 GOVERNORS SQUARE BLVD., SUITE 302
TALLAHASSEE FL 32301

C/O FLA. ASS. OF COMMUNITY HEALTH CENTERS
1203 GOVERNORS SQUARE BLVD., SUITE 302
TALLAHASSEE FL 32301



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MOORE, SUSAN
C/O FLA. ASS. OF COMMUNITY HEALTH CENTERS
1203 GOVERNORS SQUARE BLVD., SUITE 302
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

06/27/1995

3a. Date of Last Report

4. FEI Number

☒ 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 the filing officer

(If Filer is Registered Agent, sign after registration with this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Mickey Preshea
1.3 STREET ADDRESS Hwy 301 and 71st. East
1.4 CITY - ST - ZIP Parrish, Fl. 34219

2.1 TITLE Treasurer ☐ Change ☒ Addition
2.2 NAME James McKnight
2.3 STREET ADDRESS 131 River Road
2.4 CITY - ST - ZIP Wewahatchka, Fl. 32465

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Sara Vance
3.3 STREET ADDRESS 1302 River Street
3.4 CITY - ST - ZIP Palatka, Fl. 32177

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Walter L. "Mickey" Preshea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96
Daytime Phone #

CR2E034 (12/95)