

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32301-2880

3. Date Incorporated or Qualified

06/27/1995

3a. Date of Last Report

03/06/1996

4. FEI Number

APPLIED FOR 59-3359005

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

2. Principal Place of Business

21 1853 Capital Cir. NE

Suite, Apt. #, etc.

22 Suite C

City & State

23 Tallahassee, Fl.

Zip

24 32308

Country

25 Leon

2a. Mailing Address

26 1853 Capital Cir. NE

Suite, Apt. #, etc.

27 Suite C

City & State

28 Tallahassee, Fl.

Zip

29 32308

Country

30 Leon

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

10. Name and Address of New Registered Agent

81 Name Dianne Heffron

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

1853 Capital Circle NE, Suite C

83

84 City

Tallahassee

FL

85 Zip Code

32308

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 of officer or director or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME PRESHA, MICKEY
STREET ADDRESS HWY 301 AND 71ST EAST
CITY- ST- ZIP PARRISH FL 34219

TITLE ☒ DELETE

T
NAME MCKNIGHT, JAMES
STREET ADDRESS 131 RIVER ROAD
CITY- ST- ZIP WEWAHITCHKA FL 32461

TITLE ☐ DELETE

S
NAME VANCE, SARAH
STREET ADDRESS 1302 RIVER STREET
CITY- ST- ZIP PALATKA FL 32177

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

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 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 of this report.

SIGNATURE:

Date

Daytime Phone #

CR2E034 (9/96)