

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000067587 (2)

1. Corporation Name
AMERICAN HEALTH PLAN OF SOUTH FLORIDA, INC.



Principal Place of Business: **600 WEST 20TH STREET HIALEAH FL 33010**
Mailing Address: **600 WEST 20TH STREET HIALEAH FL 33010**

3. Date Incorporated or Qualified: **08/31/1995**
3a. Date of Last Report: _____
4. FEI Number: **65-0608848**
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: **21 600 WEST 20TH STREET HIALEAH FL 33010**
2a. Mailing Address: **26 600 WEST 20TH STREET HIALEAH FL 33010**
22. Suite, Apt. #, etc.: _____
27. Suite, Apt. #, etc.: _____
23. City & State: _____
28. City & State: _____
24. Zip: _____ Country: _____
25. Zip: _____ Country: _____
29. Zip: _____ Country: _____
30. Zip: _____ Country: _____

9. Name and Address of Current Registered Agent
**PUJOS, JOSE R
2701 S.W. LEJEUNE ROAD
SUITE 401
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81. Name: **Wilfred BRACERAS**
82. Street Address (P.O. Box Number is Not Acceptable): **600 West 20th Street**
83. _____
84. City: **Hialeah** FL 85. Zip Code: **33010**

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: *J. P. Pujos* (NOTE: Registered Agent's signature required when reinstating) **01/26/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACERAS, WILFRED	1.2 NAME	BRACERAS, WILFRED
STREET ADDRESS	600 WEST 20TH STREET	1.3 STREET ADDRESS	600 WEST 20TH STREET
CITY-ST-ZIP	HIALEAH FL-33010	1.4 CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BRACERAS, SUSANA
STREET ADDRESS		2.3 STREET ADDRESS	600 WEST 20th STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HIALEAH FL 33010
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Senior VP Luis Del Pozo
STREET ADDRESS		3.3 STREET ADDRESS	600 West 20th Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hialeah, FL 33010
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VP EDGARDO ZAMORA
STREET ADDRESS		4.3 STREET ADDRESS	600 WEST 20th Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HIALEAH FL 33010
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VP of Finance Leslie Coertina
STREET ADDRESS		5.3 STREET ADDRESS	600 West 20th Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	T GARY NERTZ
STREET ADDRESS		6.3 STREET ADDRESS	600 West 20th Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HIALEAH FL 33010

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 as changed, or on an attachment with an address.

SIGNATURE: *J. P. Pujos* (NOTE: Registered Agent's signature required when reinstating) **01/26/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)