FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
May 20 1997 8:00am
Secretary of State

DOCUMENT # P95000072057 (9)

1. Corporation Name
HEALTHPLANS OF AMERICA, INC.

Principal Place of Business	Mailing Address
405 DOUGLAS AVENUE SUITE 2305 ALTAMONTE SPRINGS FL 32714 US	405 DOUGALS AVENUE SUIT E2305 ALTAMONTE SPRINGS FL 32714-2542 US

3. Date Incorporated or Qualified: 09/18/1995
3a. Date of Last Report: 04/01/1996
4. FEI Number: 65-0634762 ☐ 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 2605 Maitland Center Pkwy
Suite, Apt. #, etc. 22 Ste 300
City & State 23 Maitland, FL
Zip 24 32751 Country 25 USA

2a. Mailing Address
26 2605 Maitland Ctr Pkwy
Suite, Apt. #, etc. 27 Ste 300
City & State 28 Maitland, FL
Zip 29 32751 Country 30 USA

9. Name and Address of Current Registered Agent

LICHTER, HUGH
405 DOUGLAS AVENUE
SUITE 2305
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: AZ Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. BAYSHORE DRIVE
83 STE 1600
84 City: MIAMI FL 85 Zip Code: 33133

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] Assistant Secretary 5/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DCEO	☐ DELETE
NAME	BINDER, JEFFREY I.	
STREET ADDRESS	9350 S DIXIE HWY SUITE 1220	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☒ DELETE
NAME	LICHTER, HUGH	
STREET ADDRESS	405 DOUGLAS AVENUE SUITE 2305	
CITY-ST-ZIP	ALTMONTE SPRINGS FL	
TITLE	DST	☐ DELETE
NAME	SANTOS, BLANCA	
STREET ADDRESS	9350 S DIXIE HWY STE 1220	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	SCHINDLER, LAWRENCE	
STREET ADDRESS	405 DOUGLAS AVENUE #2305	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
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	DP	☒ Change ☒ Addition
1.2 NAME	LARRY JONES	
1.3 STREET ADDRESS	2605 MAITLAND CENTER PKWY STE 300	
1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	ELIZABETH LORENZ	
2.3 STREET ADDRESS	2605 MAITLAND CENTER PKWY STE 300	
2.4 CITY-ST-ZIP	MAITLAND, FL 32751	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	JEROLD LEMAR	
3.3 STREET ADDRESS	2605 MAITLAND CENTER PKWY STE 300	
3.4 CITY-ST-ZIP	MAITLAND, FL 32751	
4.1 TITLE	V	☒ Change ☐ Addition
4.2 NAME	SCHINDLER, LAWRENCE	
4.3 STREET ADDRESS	2605 MAITLAND CENTER PKWY STE 300	
4.4 CITY-ST-ZIP	MAITLAND, FL 32751	
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		

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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 if changed, or on an attachment with an address.

SIGNATURE [signature] VP ELIZABETH LORENZ 4-22-97