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FILED
Aug 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000072057 (9)

1. Corporation Name
HEALTHPLANS OF AMERICA, INC.

Principal Place of Business

405 DOUGLAS AVENUE
SUITE 2305
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

405 DOUGLAS AVENUE
SUITE 2305
ALTAMONTE SPRINGS FL 32714
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 2605 MAITLAND CTR. PKWY	25 2605 MAITLAND CTR PKWY	3. Date Incorporated or Qualified 09/18/1995	
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. 300	4. FEI Number 65-0634762	
City & State MAITLAND FL	City & State MAITLAND FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32751	Zip 32751	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country US	Country US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LICHTER, HUGH 405 DOUGLAS AVENUE SUITE 2305 ALTAMONTE SPRINGS FL 32714		81 Name B & C Corporate Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Boulevard 83 Suite 3000 84 City Miami FL 85 Zip Code 33131	

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 the provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

Anna Salgado

ANNA SALGADO, VICE PRESIDENT

JULY 31, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	1.1 TITLE	D
NAME	BINDER, JEFFREY I.	1.2 NAME	Binder, Jeffrey I
STREET ADDRESS	9350 S DIXIE HWY SUITE 1220	1.3 STREET ADDRESS	9350 S. Dixie Hwy Suite 1220
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	DP	2.1 TITLE	VP
NAME	JONES, LARRY	2.2 NAME	Larry Jones
STREET ADDRESS	2605 MAITLAND CENTER PKWY, SUITE 300	2.3 STREET ADDRESS	2605 maitland center Pkwy, S-300
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	DST	3.1 TITLE	DCEO
NAME	SANTOS, BLANCA	3.2 NAME	Flanagan, Robert J
STREET ADDRESS	9350 S DIXIE HWY STE 1220	3.3 STREET ADDRESS	2605 maitland center Pkwy, S-300
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	V	4.1 TITLE	
NAME	LEMAR, JEROD	4.2 NAME	
STREET ADDRESS	2605 MAITLAND CENTER PKWY, SUITE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	LORENZ, ELIZABETH	5.2 NAME	
STREET ADDRESS	2605 MAITLAND CENTER PKWY, SUITE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	SCHINDLER, LAWRENCE	6.2 NAME	
STREET ADDRESS	2605 MAITLAND CENTER PKY, SUITE 300	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	6.4 CITY-ST-ZIP	

14. 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 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.

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