

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 # P95000073067 (7)

1. Corporation Name

DOCTORS HEALTH PLAN, INC.

Principal Place of Business

2828 CROASDAILE DRIVE
DURHAM NC 27705

JAN 19 1996

Mailing Address

2828 CROASDAILE DRIVE
DURHAM NC 27705



3. Date Incorporated or Qualified
09/21/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 ATTN: TAX DEPT.

22 City & State

27 P.O. BOX 15309

23 Zip

Country

28 City & State

DURHAM, NC

24 Zip

Country

29 27704

30 USA

4. FEI Number
PENDING

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

400001840414

82 Street Address (P.O. Box) (If None, Enter "None")

05728736-01025-004

83

***280.00

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D FELICE, RICHARD A
STREET ADDRESS
2828 CROASDAILE DRIVE
CITY-ST-ZIP
DURHAM NC 27705

TITLE ☐ DELETE

NAME
D HEMINGWAY, JOHN A
STREET ADDRESS
2828 CROASDAILE DRIVE
CITY-ST-ZIP
DURHAM NC 27705

TITLE ☐ DELETE

NAME
D WHITAKER, GARY R M.D.
STREET ADDRESS
2828 CROASDAILE DRIVE
CITY-ST-ZIP
DURHAM NC 27705

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
V HARRIS, VALERIE A.
STREET ADDRESS
2828 CROASDAILE DRIVE
CITY-ST-ZIP
DURHAM, NC 27705

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D/P

CEO/D

MDIR/D

S

BASS, WENDY C
2828 CROASDAILE DRIVE
DURHAM, NC 27705

T/V

PHILLIP, T. CLARK
2828 CROASDAILE DRIVE
DURHAM, NC 27705

V

BERGLAND, NANCY R.
2828 CROASDAILE DRIVE
DURHAM, NC 27705

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:

Nancy R. Bergland

NANCY R. BERGLAND

4/26/96

(919) 383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)