SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000073675 (7)**

1. Corporation Name
ADVANTAGE HEALTH PLANS OF AMERICA, INC.

Principal Place of Business	Mailing Address
4402 ENDICOTT PLACE **TAMPA FL 33624**	**4402 ENDICOTT PLACE** **TAMPA FL 33624**

3. Date Incorporated or Qualified: **09/22/1995**
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-3335663** ☐ 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

9. Name and Address of Current Registered Agent

CHAMBERS, F W
4402 EDICOTT PLACE
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 4402 Endicott Place
83:
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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, type or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMBERS, F W 4402 EDICOTT PLACE TAMPA FL 33624	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	~~D~~ D/P/C/S/MD 4402 Endicott Place	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMBERS, MAUREEN K 4402 EDICOTT PLACE TAMPA FL 33624	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	4402 Endicott Place	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMBERS, R W 4402 EDICOTT PLACE TAMPA FL 33624	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	4402 Endicott Place	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMBERS, CAROL R 4402 EDICOTT PLACE TAMPA FL 33624	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D/T 4402 Endicott Place	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: F.W. Chambers — 6/12/96 — 813-968-0588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
F.W. Chambers III