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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000077726 (4)

1. Corporation Name
AHL SELECT HMO, INC.



Principal Place of Business
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE FL 32224

Mailing Address
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE FL 32224-6887

3. Date Incorporated or Qualified
10/10/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3367257

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

HEEKIN, W. MICHAEL
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME DOUGLAS, T. O'NEAL
STREET ADDRESS 1776 AMERICAN HERITAGE LIFE DRIVE
CITY- ST- ZIP JACKSONVILLE FL 32224

☐ DELETE

TITLE D
NAME VERLANDER, CHRIS A
STREET ADDRESS 1776 AMERICAN HERITAGE LIFE DRIVE
CITY- ST- ZIP JACKSONVILLE FL 32224

☐ DELETE

TITLE DP
NAME BAUM, JAMES H
STREET ADDRESS 1776 AMERICAN HERITAGE LIFE DRIVE
CITY- ST- ZIP JACKSONVILLE FL 32224

☐ DELETE

TITLE D
NAME HARRISON, K. PEARL
STREET ADDRESS 1776 AMERICAN HERITAGE LIFE DRIVE
CITY- ST- ZIP JACKSONVILLE FL 32224

☐ DELETE

TITLE DS
NAME HEEKIN, W. MICHAEL
STREET ADDRESS 1776 AMERICAN HERITAGE LIFE DRIVE
CITY- ST- ZIP JACKSONVILLE FL 32224

☐ DELETE

TITLE DT
NAME MOREHEAD, C. RICHARD
STREET ADDRESS 1776 AMERICAN HERITAGE LIFE DRIVE
CITY- ST- ZIP JACKSONVILLE FL 32224

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

V/D

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

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

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 REQUIRED

Chris A. Verlander

Date

4/23/97

Daytime Phone #

(904) 992-1776

CR2E034 (9/96)

**ADDITIONAL OFFICERS AND DIRECTORS FOR
AHL SELECT HMO, INC.:**

1. Robert J. Young - V/D