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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000005867 (2)**

1. Corporation Name
HEALTHPLANS OF AMERICA HOLDINGS, INC.

Principal Place of Business	Mailing Address
405 DOUGLAS AVENUE SUITE 2305 ALTAMONTE SPRINGS FL 32714	405 DOUGLAS AVENUE SUITE 2305 ALTAMONTE SPRINGS FL 32714-2543

3. Date Incorporated or Qualified: 01/18/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2605 Maitland Ctr Pkwy	26 2605 Maitland Ctr Pkwy
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 300
City & State 23 Maitland, Florida	City & State 28 Maitland, Florida
Zip / Country 24 32751 / 25 Orange/US	Zip / Country 29 32751 / 30 Orange/US

4. FEI Number: 59-3418365 ☐ 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	10. Name and Address of New Registered Agent
SPECTOR, RICHARD M 2601 S. BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BINDER, JEFFREY I.		1.2 NAME		
STREET ADDRESS	9350 S DIXIE HWY SUITE 1220		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LARRY JONES		2.2 NAME		
STREET ADDRESS	2605 MAITLAND CTR PKWY, STE 300		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLANCA SANTOS		3.2 NAME		
STREET ADDRESS	9350 S DIXIE HWY SUITE 1220		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAWRENCE SCHINOLER		4.2 NAME		
STREET ADDRESS	2605 MAITLAND CTR PKWY, STE 300		4.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 4-23-97 407 875-2000