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May 01 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 # **P96000005867 (2)**

1. Corporation Name
HEALTHPLANS OF AMERICA HOLDINGS, INC.

Principal Place of Business
405 DOUGLAS AVENUE
SUITE 2305
ALTAMONTE SPRINGS FL 32714

Mailing Address
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
21 2605 Maitland Ctr Pkwy
Suite, Apt. #, etc.
22 Suite 300
City & State
23 Maitland, Florida
Zip 24 32751
Country 25 Orange/US

2a. Mailing Address
26 2605 Maitland Ctr Pkwy
Suite, Apt. #, etc.
27 Suite 300
City & State
28 Maitland, Florida
Zip 29 32751
Country 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
SPECTOR, RICHARD M
2801 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

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 ☐ DELETE
NAME	BINDER, JEFFREY I.
STREET ADDRESS	9350 S DIXIE HWY SUITE 1220
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	DP ☐ DELETE
NAME	LARRY JONES
STREET ADDRESS	2605 MAITLAND CTR PKWY, STE 300
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DST ☐ DELETE
NAME	BLANCA SANTOS
STREET ADDRESS	9350 S DIXIE HWY SUITE 1220
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	V ☐ DELETE
NAME	LAWRENCE SCHINDLER
STREET ADDRESS	2605 MAITLAND CTR PKWY, STE 300
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	☐ 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: 4-23-97 407 876-

CR2E034 (9/96)