

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0010570

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

2105 MAITLAND CTR. PKWY
300
MAITLAND FL 32751
US

Mailing Address

2605 MAITLAND CTR. PKWY
300
MAITLAND FL 32751
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1996

4. FEI Number

59-3418365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SANTOS, BLANCA
9350 S. DIXIE HIGHWAY
SUITE 1220
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name B+C Corporate Services, Inc.
82 Street Address (P.O. Box Number Is Not Acceptable)
201 S. Biscayne Boulevard
83 Suite 3000
84 City Miami FL 85 Zip Code 33131

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 the provisions of section 607.0505, Florida Statutes.

SIGNATURE *Anna Salgado* Anna Salgado, Vice President

8/3/98

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DC	BINDER, JEFFREY I.	9350 S. DIXIE HWY, STE. 1220	MIAMI FL 33156	<input type="checkbox"/>
DP	JONES, LARRY	2605 MAITLAND CTR. PKWY., STE. 300	MAITLAND FL 32751	<input type="checkbox"/>
DST	SANTOS, BLANCA	9350 S DIXIE HWY, STE. 1200	MIAMI FL 33156	<input type="checkbox"/>
V	SCHIMOLER, LAWRENCE	2605 MAITLAND CTR. PKWY, STE 300	MAITLAND FL 32751	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	Binder, Jeffrey I.	9350 S. Dixie Hwy, Suite 1220	Miami, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Jones, Larry	2605 Maitland Ctr. Pkwy. Ste 300	Maitland, FL 32751	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DEOP	Flanagan Robert J.	2605 Maitland Ctr. Pkwy, Suite 300	Maitland, FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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: *Blanca Santos* Blanca Santos, President

CR2E034 (5/98)