

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000011329 (5)**

1. Corporation Name

BEACON HEALTH PLANS, INC.



Principal Place of Business 2511 PONCE DE LEON BLVD 5TH FLOOR CORAL GABLES FL 33134 US	Mailing Address 2511 PONCE DE LEON BLVD 5TH FLOOR CORAL GABLES FL 33134 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 14-9080 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
---	--

4. FEI Number
65-0660578

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

9. Name and Address of Current Registered Agent

**COBER CORPORATE AGENTS, INC.
2801 SOUTH BAYSHORE DRIVE
19TH FLOOR
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	CEO
NAME	NOONAN, RAYMOND E
STREET ADDRESS	2511 PONCE DE LEON BLVD., 5TH FLOOR
CITY - ST - ZIP	CORAL GABLES FL
TITLE	CFO
NAME	YOUNG, FRANK L.
STREET ADDRESS	2511 PONCE DE LEON BLVD, 5TH FLOOR
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VP
NAME	PLANA, NESTOR J.
STREET ADDRESS	2511 PONCE DE LEON BLD, 5TH FLOOR
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VPM
NAME	BERENQUER, ANA M.
STREET ADDRESS	2511 PONCE DE LEON BLVD, 5TH FLOOR
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

Raymond E Noonan

4-17-98 (305) 460 2000

CR2E034 (10/97)