

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011329

1. Entity Name

BEACON HEALTH PLANS, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90105 017 \*\*\*150.00

Principal Place of Business

Mailing Address

2511 PONCE DE LEON BLVD  
5TH FLOOR  
CORAL GABLES FL 33134  
US

PO BOX 14-9080  
CORAL GABLES FL 33114-9080  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0660578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBER CORPORATE AGENTS, INC.  
2601 SOUTH BAYSHORE DRIVE  
19TH FLOOR  
MIAMI FL 33133

Name

Ana M. Berenguer

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

785 Curtiswood

City

Key Biscayne

FL

Zip Code

33149

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Ana M. Berenguer*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/00  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *POC* ☒ Delete  
NAME NOONAN, RAYMOND E  
STREET ADDRESS 2503 SEA ISLAND DR  
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *ST* ☒ Delete  
NAME YOUNG, FRANK L  
STREET ADDRESS 1115 COUNTRY CLUB PRADO  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *DP* ☐ Delete  
NAME PLANA, NESTOR J.  
STREET ADDRESS 1110 COUNTRY CLUB PRADO  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *VP* ☐ Delete  
NAME BERENGUER, ANA M.  
STREET ADDRESS 785 CURTISWOOD  
CITY-ST-ZIP KEY BISCAINE FL 33149

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *V/T* ☐ Delete  
NAME GONZALEZ, WILFREDO V  
STREET ADDRESS 2220 COUNTRY CLUB PRADO  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ana M. Berenguer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/00 305-774-2541

CR2E034 (9/99)