

2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # P 960000011329

1. Entity Name

BEACON HEALTH PLANS, INC.

Principal Place of Business
2511 Ponce de Leon Blvd.
5th Floor
Coral Gables, FL 33134

Mailing Address
same

2. Principal Place of Business
same

3. Mailing Address
same

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Ana M. Berenguer
785 Curtiswood
Key Biscayne, FL 33149

7. Name and Address of New Registered Agent

Name
Gerald M. Cohen

Street Address (P.O. Box Number is Not Acceptable)
300 South Park Rd.

City
Hollywood

FL

Zip Code
33021

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

Gerald M. Cohen, Registered Agent

4/26/01
DATE

(Signature, typed or printed name of registered agent and fee is applicable.)

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	Chairman/Director	<input type="checkbox"/> Delete
NAME	Steven M. Scott, M.D.	
STREET ADDRESS	2828 Croasdaile Drive	
CITY-ST-ZIP	Durham, NC 27705-2430	
TITLE	President	<input type="checkbox"/> Delete
NAME	Nestor J. Plana	
STREET ADDRESS	1110 Country Club Prado	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	Vice President/Treasurer	<input checked="" type="checkbox"/> Delete
NAME	Wilfredo V. Gonzalez	
STREET ADDRESS	2220 Country Club Prado	
CITY-ST-ZIP	Coral Gables, FL	
TITLE	Vice President/Secretary	<input checked="" type="checkbox"/> Delete
NAME	Ana M. Berenguer	
STREET ADDRESS	785 Curtiswood	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Drew Joyce	
STREET ADDRESS	2828 Croasdaile Drive	
CITY-ST-ZIP	Durham, NC 27705-2430	
TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick J. Chunn	
STREET ADDRESS	13856 N.W. 21st Street	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	CEO/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Berding	
STREET ADDRESS	300 South Park Road	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Moen	
STREET ADDRESS	300 South Park Road	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James M. Hogan, M.D.	
STREET ADDRESS	300 South Park Road	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Steven M. Scott

Steven M. Scott, M.D., Chairman

1 (800) 476-4587

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone

CR2E034 (11/00)