

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000011329**

1. Entity Name

BEACON HEALTH PLANS, INC.

FILED

02 MAR 12 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

COHEN, GERALD M
300 SOUTH PARK RD
HOLLYWOOD FL 33021

Name

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

City

400005130994--9
-04/04/02--01022--020
******158.75 FL ****158.75**

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	CD	<input type="checkbox"/> Delete
NAME	SCOTT, STEVEN J. M M.D	
STREET ADDRESS	2828 CROASDALE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705-2430	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PLANA, NESTOR J	
STREET ADDRESS	1110 COUNTRY CLUB PRADO	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DREW, JOYCE	
STREET ADDRESS	2828 CROASDALE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705-2430	
TITLE	ASST	<input checked="" type="checkbox"/> Delete
NAME	CHUNN, PATRICK J	
STREET ADDRESS	13856 N W 21ST STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	BERDING, JOE	
STREET ADDRESS	300 SOUTH PARK ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOEN, DANIEL	
STREET ADDRESS	300 SOUTH PARK ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cohen, Gerald M.	
STREET ADDRESS	300 South Park Road	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	TCFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sauer, Al	
STREET ADDRESS	300 South Park Road	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King, Felicia	
STREET ADDRESS	2828 Croasdaile Drive	
CITY-ST-ZIP	Durham, NC 27705-2430	
TITLE	DCOO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hogan, J. Michael	
STREET ADDRESS	300 South Park Road	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	PCEOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berding, R. Joseph	
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:

[Signature] **GERALD M. COHEN**

2/25/02

954-986-6205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)