

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000012659 (4)**

1. Corporation Name

JOHN ALDEN HEALTH OF FLORIDA, INC.

Principal Place of Business

**7300 CORPORATE CENTER DRIVE
MIAMI FL 33126**

Mailing Address

**PO BOX 020270
71328
MIAMI FL 33126
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0640575	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	7B28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PRENTICE HALL LEGAL & FINANCIAL SERVICES
1201 HAYS STREET
TALLAHASSEE FL 32314**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUK, WILLIAM H SR	1.2 NAME	
STREET ADDRESS	7300 CORPORATE CENTER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, SCOTT L	2.2 NAME	
STREET ADDRESS	7300 CORPORATE CENTER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARDLOW, ANNE V	3.2 NAME	
STREET ADDRESS	7300 CORPORATE CENTER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOFSKY, MARTIN B	4.2 NAME	Gary M. Reach
STREET ADDRESS	7300 CORPORATE CENTER DR	4.3 STREET ADDRESS	7300 Corporate Center Dr.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASSOFSKY, MARVIN H	5.2 NAME	Michael P. Andersen
STREET ADDRESS	7300 CORPORATE CENTER DR	5.3 STREET ADDRESS	7300 Corporate Center Drive
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GLENDON E	6.2 NAME	
STREET ADDRESS	7300 CORPORATE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: *Gary M. Reach* **Gary M. Reach, Vice President 04/17/98 305/715-1325**

CR2E034 (10/97)

Mailing Address:
7300 Corporate Center Drive
Miami, FL 33126-1208

04/14/98

John Alden Health of Florida, Inc.

Incorporated : Florida
Inc. Date : 02/06/96
Federal ID # : 65-0640575

DIRECTORS:

Glendon Elwood Johnson	Director
Ruben J King-Shaw, Jr.	Director
William Harold Mauk, Jr.	Director
Glen Arthur Spence	Director
Scott Lewis Stanton	Director

OFFICERS:

Glendon Elwood Johnson	Chairman & Chief Executive Officer
William Harold Mauk, Jr.	President
Michael Page Andersen	Sr. Vice President, Assistant General Counsel & Assistant Secretary
Glen Arthur Spence	Sr. Vice President - Finance & Accounting and Treasurer
Scott Lewis Stanton	Sr. Vice President & Chief Financial Officer
Anne Virginia Wardlow	Sr. Vice President, General Counsel & Secretary
Gary Michael Reach	Vice President - Planning & Taxation
Patricia Rossique	Assistant Vice President - Planning & Taxation
John Martin Wazowicz	Assistant Treasurer

CAPITAL STOCK:

Common
Price/Par Value: 1.00

Authorized: 1,000
Issued: 1,000
Outstanding: 1,000
in Treasury: 0

Current Owner(s)
John Alden Health, Inc.

<u># Shares</u>	<u>From</u>
1,000	02/06/96

DIRECT SUBSIDIARIES:

None