

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90098 015 ***150.00

0269796

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012659

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

3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

65-0640575

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

FL

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

TITLE **P** ☐ DELETE
NAME **MAUK, WILLIAM H SR**
STREET ADDRESS **7300 CORPORATE CENTER DR**
CITY-ST-ZIP **MIAMI FL**

TITLE **DVP** ☒ DELETE
NAME **STANTON, SCOTT L**
STREET ADDRESS **7300 CORPORATE CENTER DR**
CITY-ST-ZIP **MIAMI FL**

TITLE **SVP** ☒ DELETE
NAME **WARDLOW, ANNE V**
STREET ADDRESS **7300 CORPORATE CENTER DR**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ DELETE
NAME **REACH, GARY M**
STREET ADDRESS **7300 CORPORATE CENTER DR**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VP** ☒ DELETE
NAME **ANDERSON, MICHAEL P**
STREET ADDRESS **7300 CORPORATE CENTER DR**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☒ DELETE
NAME **JOHNSON, GLENDON E**
STREET ADDRESS **7300 CORPROATE DR**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President & Director** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **Director & Vice President** ☐ Change ☒ Addition
2.2 NAME **J. Kerry Clayton**
2.3 STREET ADDRESS **One Chase Manhattan Plaza**
2.4 CITY-ST-ZIP **New York, NY 10005**

3.1 TITLE **Vice President/General Counsel & Secretary** ☐ Change ☒ Addition
3.2 NAME **Jerome A Atkinson**
3.3 STREET ADDRESS **One Chase Manhattan Plaza**
3.4 CITY-ST-ZIP **New York, NY 10005**

4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **Benjamin M. Cutler, III**
4.3 STREET ADDRESS **One Chase Manhattan Plaza**
4.4 CITY-ST-ZIP **New York, NY 10005**

5.1 TITLE **Director/Chairman & Chief Executive Officer** ☐ Change ☒ Addition
5.2 NAME **Allen R. Freedman**
5.3 STREET ADDRESS **One Chase Manhattan Plaza**
5.4 CITY-ST-ZIP **New York, NY 10005**

6.1 TITLE **Director/Vice President** ☐ Change ☒ Addition
6.2 NAME **J. Grover Thomas, Jr.**
6.3 STREET ADDRESS **One Chase Manhattan Plaza**
6.4 CITY-ST-ZIP **New York, NY 10005**

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, with all other like empowered.

SIGNATURE: Gary Reach, Vice President January 12, 1999 305/715/3256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)