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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000014647 (7)

1. Corporation Name
MAYO HEALTH PLAN, INC.



Principal Place of Business
4203 BELFORT STE 220
JACKSONVILLE FL 32216

Mailing Address
4203 BELFORT STE 220
JACKSONVILLE FL 32216-5897

3. Date Incorporated or Qualified 02/13/1996
3a. Date of Last Report N/A

2. Principal Place of Business

2a. Mailing Address

21 4168 Southpoint Parkway
Suite, Apt. #, etc.

26 4168 Southpoint Parkway
Suite, Apt. #, etc.

4. FEI Number

Applied For

59-3371880

Not Applicable

22 Suite 102
City & State

27 Suite 102
City & State

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 Jacksonville, FL
Zip Country

28 Jacksonville, FL
Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 32216 25 USA

29 32216 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, JOANNE
4500 SAN PABLO ROAD
JACKSONVILLE FL 32224

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 required for the current agent and the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BLACK, LEO F M.D.
STREET ADDRESS 4500 SAN PABLO ROAD
CITY- ST- ZIP JACKSONVILLE FL 32224

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE D
NAME BOLLING, DAVID B
STREET ADDRESS 4500 SAN PABLO ROAD
CITY- ST- ZIP JACKSONVILLE FL 32224

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE D
NAME CORTESE, DENIS A M.D.
STREET ADDRESS 4500 SAN PABLO ROAD
CITY- ST- ZIP JACKSONVILLE FL 32224

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE D
NAME READ, J. L
STREET ADDRESS 4500 SAN PABLO ROAD
CITY- ST- ZIP JACKSONVILLE FL 32224

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do 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:

Signature and Typed or Printed Name of Signing Officer or Director

Denis A. Cortese, M.D.

1/14/97 (904) 274-2646

CR2E034 (9/96)