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FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

4168 SOUTHPOINT PKWY
STE 102
JACKSONVILLE FL 32216
US

4168 SOUTHPOINT PKWY
STE 102
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1996

4. FEI Number

59-3371880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 26 27 28 29 30
9. Name and Address of Current Registered Agent

MARTIN, JOANNE
4500 SAN PABLO ROAD
JACKSONVILLE FL 32224

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

Joanne F. Martin, Legal Counsel

3/10/98

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
HEALY, PATRICK M
STREET ADDRESS
4168 SOUTHPOINT PKWY
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
BREWER, NELSON S M.D.
1.3 STREET ADDRESS
4500 SAN PABLO ROAD
1.4 CITY-ST-ZIP
JACKSONVILLE, FL 32224

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
Drilling, John M.
2.3 STREET ADDRESS
4168 SOUTHPOINT PKWY, #102
2.4 CITY-ST-ZIP
JACKSONVILLE, FL 32216

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
DUNAWAY, DEBORAH A
3.3 STREET ADDRESS
4168 SOUTHPOINT PKWY, #102
3.4 CITY-ST-ZIP
JACKSONVILLE, FL 32216

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
FOSICK, WILLIAM J
4.3 STREET ADDRESS
12160 ABRAMS RD, #409
4.4 CITY-ST-ZIP
DALLAS, TX 75243

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
MURPHY, KATHRYN R
5.3 STREET ADDRESS
4168 SOUTHPOINT PKWY, #102
5.4 CITY-ST-ZIP
JACKSONVILLE, FL 32216

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

John M. Drilling 3-12-98

(904) 279-9620

CP2E034 (10/97)