**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000014647

MAYO HEALTH PLAN, INC.

| Principal Place   | of Business  | Mailing Address  | **********                    | I (\$61(50) (to this suit sour sour sour sour state over sour sour                  |
|---|--|--|-------------------------------|---|
| STE 102<br>JACKSONVILLE FL: 32216   |  | 4168 SOUTHPOINT PKWY<br>STE 102<br>JACKSONVILLE FL 32216<br>US |                               | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  02/13/1996            |
| 2 Principal Pl  | ace of Rusiness                                    | 2a. Mailing Address  |                               | 4. FEI Number Applied For   |
| <u> </u>  |  | 26   |                               | 59-3371880 Not Applicable   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |                               | 5. Certificate of Status Desired  \$8.75 Additional                                 |
| 22  |  | 27   |                               | Fee Required  |
| City & State  |  | City & State   |                               | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees |
| Zip   | Country  | Zip  | Country                       | 8. This corporation owes the current year Intangible                                |
| 24  | 25   | 29 30  | <del></del>                   | Personal Property Tax. Yes No  10. Name and Address of New Registered Agent         |
| 9. Name and Address of Current Registered Agent 10.   |  |  |                               |   |
| MAR <sup>1</sup>  | TIN, JOANNE 🔔 .                                    |  |                               |   |
| 4500 SAN PABLO ROAD   |  |  | 82 Street                     | Address (P.O. Box Number is Not Acceptable)   |
| JACKSONVILLE FL 32224   |  |  | 83                            |   |
|   | 250 S. 40(7.1197)                                  |  | 84 City                       | 85 Zip Code   |
| j   | <i>t</i> :   |  |                               | FL   T  |
| 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 armanillar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE |  |  |                               |   |
| -   | Signature, typed or printed name of registered age | (  |                               | required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       |
| 12.   | OFFICERS AF  | ND DIRECTORS  ☐ DELETÉ   | 13.<br>1.1 TITLE              | D Change  Addition  |
| NAME  | BLACK, LEO F M.D.                                  | <u>_</u> ,   | 1.2 NAME                      | BOB WALTERS   |
| STREET ADDRESS  | 4500 SAN PABLO ROAD                                |  | 1.3 STREET ADDRESS            |   |
| CITY-ST-ZIP   | JACKSONVILLE FL 32224                              |  | 1.4 CITY-ST-ZIP               | JACKSONVILLE, FL 32224  |
| TITLE   | D  | ☐ DELETE   | 2.1 TITLE                     | ☐ Change ☐ Addition   |
| NAME  | BOLLING, DAVID B                                   |  | 2.2 NAME                      |   |
| STREET ADORESS  | 4500 SAN PABLO ROAD                                |  | 2.3 STREET ADDRESS            | ·   |
| CITY-ST-ZIP   | JACKSONVILLE FL 32224                              |  | 2. 4 CITY-ST-ZIP<br>3.1 TITLE | ☐ Change ☐ Addition   |
| TITLE   | OODTEGE DENIG A M.D.                               |  | 3.2 NAME                      |   |
| NAME.<br>STREET ADDRESS   | CORTESE, DENIS A M.D.<br>4500 SAN PABLO ROAD       |  | 3.3 STREET ADDRESS            |   |
| CITY-ST-ZIP   | JACKSONVILLE FL 32224                              |  | 3.4. CITY-ST-ZIP              | <u></u>   |
| TITLE   | D  | . XDELETE  | 4.1 TITLE                     | ☐ Change ☐ Addition   |
| NAME  | READ, J. L   |  | 4. 2 NAME                     |   |
| STREET ADDRESS  |  |  | 4.3 STREET ADDRESS            | 3   |
| CITY-ST-ZIP   | JACKSONVILLE FL 32224                              | C DELETE   | 4.4 CITY-ST-ZIP               | Change Addition   |
| , TITLE   | PD   | ☐ DELETE   | 5.1 TITLE<br>5.2 NAME         | Citalities (Controller)   |
| NAME  | HEALY, PATRICK M                                   | •  | 5.3 STREET ADDRESS            | s   |
| STREET ADDRESS  | 4168 SOUTHPOINT PKWY<br>JACKSONVILLE FL            |  | 5.4 CITY-ST-ZIP               |   |
| CITY-ST-ZIP<br>TITLE  | D D  | ☐ DELETE   | 6.1 TITLE                     | ☐ Change ☐ Addition   |
| NAME  | BREWER, NELSON S MD                                | _  | 6.2 NAME                      |   |
| STDEET ANDRESS  | 4500 SAN SAN PARI O ROAD                           |  | 6.3 STREET ADDRESS            | s   |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 4500 SAN SAN PABLO ROAD

JACKSONVILLE FL 32224

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90285 029 \*\*\*150.00

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