2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
04-17-2000 90104 028 ***150.00

DOCUMENT # P96000014647

1. Entity 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 32216-0913 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3371880 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, JOANNE L 4500 SAN PABLO ROAD JACKSONVILLE FL 32224	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Joanne L. Martin — 2/23/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	BLACK, LEO F M.D.	NAME	Mentel, John J., M.D.
STREET ADDRESS	4500 SAN PABLO ROAD	STREET ADDRESS	4500 San Pablo Road
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	Jacksonville, Fl 32224
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOLLING, DAVID B	NAME	
STREET ADDRESS	4500 SAN PABLO ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CORTESE, DENIS A M.D.	NAME	
STREET ADDRESS	4500 SAN PABLO ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALTERS, BOB	NAME	
STREET ADDRESS	4500 SAN PABLO ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HEALY, PATRICK M	NAME	
STREET ADDRESS	4168 SOUTHPOINT PKWY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BREWER, NELSON S MD	NAME	
STREET ADDRESS	4500 SAN SAN PABLO ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OMITTED — 5/8/00 — (904) 279 9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patrick M. Healy