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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096661 (9)

ONE HEALTH PLAN OF FLORIDA, INC.

Principal Place of Business

Mailing Address

## **FILED** May 06 1997 8:00am Secretary of State



6515 EAST ORCHARD ROAD ENGLEWOOD CO 80111					ENGLEWOOD CO 90111-5097						
										3. Date Incorporated or Qualified 3a. Date of Last Report 11/27/1996	
2. Principal P	lace of Busin	noss	Cab - 11	28.	. Mailing Addres	3				4. FEI Number Applied For	
2. Principal Place of Business 7650 Courtney Campbell					26 7650 Courtney Campbell				Campbel	11 59-3428587 Not Applicable	
Suite, Apt. #, etc.  22 Causeway, Suite 850				Suite, Apt. #, etc.					_	5. Certificate of Status Desired S8.75 Additional Fee Required	
22 Causey	<u>ray. Su</u>	<u> 1te 8</u>	50	27	Causeway City & State	, St	<u>11 t</u>	e 85	0		
City & Stat					•					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zampa,	, FL	Cour	Ne.	28	Tampa, 1 Zip	<u>'L</u>		Country		Trust fund contribution	
Zip 24 33607			USA	29	•		30]	USA		<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes  ☐ Yes ☐ No	
24] 33607			lress of Current		33607 Stered Agent	1`	3 <u>0</u> ]		<u> </u>	10. Name and Address of New Registered Agent	
A T /								81	Name		
	CORPORAT										
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324								82			
								83			
								84	City	85 Zip Code	
44 Ourouppt	to the provid	ione of C	antions 607 01.03	and (	:07 1608 Florida	Statuto	e the	a phow	n-tramed col	orporation submits this statement for the purpose of changing its registered	
office or i	registered ac	aent, or be	oth, in the State o	of Flori	ida. Such chano	e was ar	ithor.	ized by	z the corpora	ration's board of directors. I hereby accept the appointment as registered	
agent. I a	ım familiar w	ith, and a	ecept the obliga	tions c	of, Section 607.05	505, Flai	ida s	Statute	\$.		
SIGNATURE	Clanatura hung	i ni printod o	anie of registered agen	Cared title	. il anusic at la	MCH.	Mone	torod Acu	on Gionatura mon	quired when reinstating)  DATE	
12.	algrenure, typec	i de painted in	OFFICERS AND			(MOST)	_	3.	. it. eighthore req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D				DELL	TE		.1 TITLE		D/Vice C X Change Addition	
NAME	GOLDIN,	D A					١,	2 NAME	I	GOLDIN, DA.	
STREET ADDRESS			IARD ROAD				١,	3 STREET	I	(same)	
CITY-ST-ZIP	ENGLEW						1	.4 CITY - S	I .	(built)	
TITLE	D				☐ DELI	TE		.1 TITLE		Change Addition	
NAME	MACLENN	IAN. A C	)				2	2 NAME			
STREET ADDRESS			IARD ROAD				2	3 STREET	ADDRESS		
CITY-ST-ZIP	ENGLEW							4 CHY-	Ì		
TITLE	D		••••		DEL	TE		1 111 LE		D/C X Change Addition	
NAME	MOTZ, J	D					3	.2 NAME		MOTZ, J.D.	
STREET ADDRESS			IARD ROAD				3	L3 STREE		(same)	
CITY-ST-ZIP	ENGLEW						3	14 CITY-	1	(Ballie)	
TITLE		<b></b>			DEU	ETE		LITHLE		P Change X Addition	
NAME							4	L 2 NAME		ANDERSON, DL.	
STREET ADDRESS							4	I 3 STREE		115 Perimeter Center Terrace, Suite 101	
CITY-\$T-ZIP								I 4 C:TY- :		Atlanta GA 30346	
TITLE					DEL DEL	ETE		1 11H/F		Vice P Change X Addition	
NAME							5	2 NAME		GRIFFIN, S.	
STREET ADDRESS							5	3 STREE		7650 Courtney Campbell Causeway, #850	
CITY-ST-ZIP								5.4 CITY-		Tampa FL 33607	
TITLE					☐ DEL	E TE		S 1 TIPLE		T Change X Addition	
NAME								6.2 NAME	)	DERBACK, GR.	
STREET ADDRESS										8515 East Orchard Road	
CITY-\$T-ZIP								6 4 CHY-		Englewood CO 80111	
VIII OL VII	<u> </u>						_#_	51111	<u> </u>	_##P#×#AAA AA AXF##	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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.

SIGNAUSIN

Richard G. Schultz,

4/28/97

303-689-4649

## One Health Plan of Florida, Inc.

## **Profit Corporation 1997 Annual Report**

Question 13.
Additions/Changes to Officers and Directors in 12.

S SCHULTZ, R.G. 8515 East Orchard Road Englewood, CO 80111

Asst. S BAKER, S.C. 8515 East Orchard Road Englewood, CO 80111 Addition

Addition