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FILED
May 07 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 # P96000096661 (9)

1. Corporation Name

ONE HEALTH PLAN OF FLORIDA, INC.



Principal Place of Business

Mailing Address

7650 COURTNEY CAMPBELL CSWY
STE 850
TAMPA FL 33607
US

7650 COURTNEY CAMPBELL CSWY
STE 850
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/27/1996

4. FEI Number

59-3428587

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVC ☐ DELETE

NAME GOLDIN, D A
STREET ADDRESS 8505 EAST ORCHARD ROAD
CITY-ST-ZIP ENGLEWOOD CO

TITLE D ☒ DELETE

NAME MACLENNAN, A D
STREET ADDRESS 8505 EAST ORCHARD ROAD
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE DC ☐ DELETE

NAME MOTZ, J D
STREET ADDRESS 8505 EAST ORCHARD ROAD
CITY-ST-ZIP ENGLEWOOD CO

TITLE P ☒ DELETE

NAME ANDERSON, D L
STREET ADDRESS 115 PERIMETER CTR TERR STE 1010
CITY-ST-ZIP ATLANTA GA

TITLE VP ☐ DELETE

NAME GRIFFIN, S
STREET ADDRESS 7650 COURTNEY CAMPBELL CSWY #850
CITY-ST-ZIP TAMPA FL

TITLE T ☐ DELETE

NAME DERBACK, G R
STREET ADDRESS 8515 E ORCHARD RD
CITY-ST-ZIP ENGLEWOOD CO

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME ROSENBAUM, M
1.3 STREET ADDRESS 8505 EAST ORCHARD ROAD
1.4 CITY-ST-ZIP ENGLEWOOD, CO

2.1 TITLE P ☐ Change ☒ Addition

2.2 NAME RECORD, D E
2.3 STREET ADDRESS 115 PERIMETER CTR TERR STE 1010
2.4 CITY-ST-ZIP ATLANTA, GA

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE

DAVID E. RECORD

4/28/98

CR2E034 (10/97)