

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000096661 (9)

1. Entity Name

ONE HEALTH PLAN OF FLORIDA, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90048 001 ***150.00

Principal Place of Business

Mailing Address

7650 Courtney Campbell Cswy.

7650 Courtney Campbell Cswy.

#850

#850

Tampa, FL 33607

Tampa, FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3428587

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T Corporation Systems
1200 South Pine Island Road
Plantation, FL 33324

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

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.C. Baker

April 27, 2000

303-737-5651

Date

Daytime Phone #

***PLEASE SEE ATTACHED SHEET FOR A COMPLETE LIST OF DIRECTORS AND OFFICERS.**

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656660

One Health Plan of Florida, Inc.

DIRECTORS:

D.A. Goldin -
8505 E. Orchard Road,
Englewood, CO 80111

F. Riggall -
8505 E. Orchard Road,
Englewood, CO 80111

M. Rosenbaum -
8505 E. Orchard Road,
Englewood, CO 80111

OFFICERS:

D.A. Goldin - Chairperson
8505 E. Orchard Road,
Englewood, CO 80111

J.D. Motz - Vice Chairperson
8505 E. Orchard Road,
Englewood, CO 80111

D.E. Record - President
115 Perimeter Center Place,
Suite 1010, Atlanta, GA 30346

S. Griffin - Vice President
7650 Courtney Campbell Cswy,
Ste. 850
Tampa, FL 33607

T.J. Morrow - Vice President,
Medical Director
6100 Fairview Road, #230
Charlotte, NC 28210

G.R. Derback - Treasurer
8515 E. Orchard Road,
Englewood, CO 80111

R.G. Schultz - Secretary
8515 E. Orchard Road,
Englewood, CO 80111

S.C. Baker - Assistant
Secretary
8515 E. Orchard Road,
Englewood, CO 80111