

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90177 013 \*\*\*150.00

**DOCUMENT # P96000096661**

1. Entity Name  
**ONE HEALTH PLAN OF FLORIDA, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>7650 COURTNEY CAMPBELL CSWY<br/>         STE 850<br/>         TAMPA FL 33607<br/>         US</b> | Mailing Address<br><b>7650 COURTNEY CAMPBELL CSWY<br/>         STE 850<br/>         TAMPA FL 33607<br/>         US</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

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 SYSTEM  
 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, 2002 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 **DC GOLDIN, D A**  
 STREET ADDRESS **8505 EAST ORCHARD ROAD**  
 CITY-ST-ZIP **GREENWOOD VILLAGE CO 80111**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 (Please see attached list of all officers and directors.)

TITLE ☐ Delete  
 NAME **D: ROSENBAUM, M**  
 STREET ADDRESS **8505 E ORCHARD RD**  
 CITY-ST-ZIP **GREENWOOD VILLAGE CO 80111**

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

TITLE ☐ Delete  
 NAME **VC RICCALL, F R**  
 STREET ADDRESS **8505 EAST ORCHARD ROAD**  
 CITY-ST-ZIP **GREENWOOD VILLAGE CO 80111**

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

TITLE ☐ Delete  
 NAME **P RECORD, D E**  
 STREET ADDRESS **115 PERIMETER CTR TERR, STE 1010**  
 CITY-ST-ZIP **ATLANTA GA 30346**

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

TITLE ☐ Delete  
 NAME **V GRIFFIN, S**  
 STREET ADDRESS **7650 COURTNEY CAMPBELL CSWY #850**  
 CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE ☐ Delete  
 NAME **T DERBACK, G R**  
 STREET ADDRESS **8515 E ORCHARD RD**  
 CITY-ST-ZIP **ENGLEWOOD CO 80111**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*Richard G. Schultz*

**Richard G. Schultz**

**3/13/02**

**(303)737-4649**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment # P96000096661

ONE HEALTH PLAN OF FLORIDA, INC.  
DIRECTORS/OFFICERS

349938

| Name/Title  | Address   |
|---|---|
| <b>DIRECTORS</b>                                    |   |
| D.A. Goldin   | 8505 East Orchard Road, Greenwood Village, CO 80111 |
| F.C. Riggall  | 8505 East Orchard Road, Greenwood Village, CO 80111 |
| M. Rosenbaum  | 8505 East Orchard Road, Greenwood Village, CO 80111 |
| <b>OFFICERS</b>                                     |   |
| D.A. Goldin, Chairperson                            | 8505 East Orchard Road, Greenwood Village, CO 80111 |
| D.E. Record, President                              | 8505 East Orchard Road, Greenwood Village, CO 80111 |
| S. Griffin, Vice President                          | 8505 East Orchard Road, Greenwood Village, CO 80111 |
| T.J. Morrow, Vice President<br>and Medical Director | 8505 East Orchard Road, Greenwood Village, CO 80111 |
| G.R. Derback, Treasurer                             | 8515 East Orchard Road, Greenwood Village, CO 80111 |
| R.G. Schultz, Secretary                             | 8525 East Orchard Road, Greenwood Village, CO 80111 |