

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90926 014 \*\*\*150.00

0455427 AV

**DOCUMENT # P96000096661**

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



Principal Place of Business  
**7650 COURTNEY CAMPBELL CSWY  
STE 850  
TAMPA FL 33607  
US**

Mailing Address  
**7650 COURTNEY CAMPBELL CSWY  
STE 850  
TAMPA FL 33607  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3428587**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DC  
GOLDIN, D A  
8505 EAST ORCHARD ROAD  
GREENWOOD VILLAGE CO 80111** ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Debbie L. Origer-Bauroth  
8505 E. Orchard Rd. Greenwood Village, CO  
80111** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SCHULTZ, R G  
8525 EAST ORCHARD ROAD  
GREENWOOD VILLAGE CO 80111** ☐ Delete

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**XXXXXXXXXXXX  
XXXXXXXXXXXX  
7650 Courtney Campbell CSWY #850  
Tampa FL 33607** ☐ Change ☐ Addition

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard G. Schultz*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/03**  
Date

**303/737-3000**  
Daytime Phone #

CR2E034 (10/02)

ATTACHMENT 70041357  
P96000096661

**ONE HEALTH PLAN OF FLORIDA, INC.**

c/o Great-West Life & Annuity Insurance Company  
8505 East Orchard Road  
Greenwood Village, CO 80111

**Palak H. Patel**

**Legal Assistant**

Telephone: (303) 737-3239

Facsimile: (303) 737-4735

Email Address: [palak.patel@gwl.com](mailto:palak.patel@gwl.com)

April 11, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

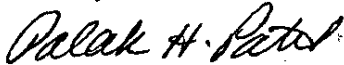
RE: 2003 For Profit Corporation Uniform Business Report

Dear Sir or Madam:

Enclosed please find the 2003 For Profit Corporation Uniform Business Report for One Health Plan of Florida, Inc. Also enclosed, please find a check in the amount of \$150.00 to cover all fees in this matter.

If you have any questions or concerns, please do not hesitate to contact me at (303) 737-3239 or via email at [palak.patel@gwl.com](mailto:palak.patel@gwl.com).

Sincerely,



Palak H. Patel  
Legal Assistant  
Legal Department

Enclosures