

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 11 1998 8:00am
Secretary of State

DOCUMENT # **P97000067993 (0)**
1. Corporation Name

SELF HEALTH PLANS, INC.



Principal Place of Business
**7300 S.W. MILLER DRIVE
MIAMI FL 33155**

Mailing Address
**7300 S.W. MILLER DRIVE
MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1997

4. FEI Number

05-0802223

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

2. Principal Place of Business

21 **1831 S.W. 27TH AVE**

Suite, Apt. #, etc.

22

City & State
MIAMI FL

Zip

24 **33145**

Country

25 **DADE**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ARANGO, FRANZ A
7300 S.W. MILLER DRIVE
MIAMI FL 33155**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE **PRESIDENT** ☐ DELETE
NAME **CARMEN BARROS ARANGO**
STREET ADDRESS **7300 S.W. MILLER DR**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **CARMEN BARROS ARANGO**
1.3 STREET ADDRESS **7300 S.W. MILLER DR**
1.4 CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE: **Carmen Barros Arango**

8-26-98 (305)-665-1469

CR2E034 (5/98)

(2)

Self Health Plans Inc.

1831 S.W. 27th Avenue • Miami, Florida 33145
Phone: (305) 859-2374 • Fax: (305) 663-8679

August 26, 1998

Fl. Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, Fl 32302-1500
Att.: Sharon New filings

Re: Self Health Plans Inc.

Gentlemen:

I am enclosing our check in the amount of \$ 150.00 dollars for our 1998 annual report.

Also our report which lacked my name printed. I included my name twice since it was omitted. The instructions lacked this particular situation.

We never received the first notice and in our original filing in 1997 we disclosed that operations would start as of 1-1-98. Nevertheless we are paying the corporate fee in return for your waiver of the \$ 400.00 dollars late fee.

Please amend our account as promised.

Respectfully,


Carmen Barros Arango
President