FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S25563 (5)

1. Corporation Name
FAMILY HEALTH PLAN INSURANCE COMPANY

Principal Place of Business:
6101 BLUE LAGOON DR
STE 300
MIAMI FL 33126
US

Mailing Address:
6101 BLUE LAGOON DR
STE 300
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0252958 — 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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 / Suite, Apt # etc. — 22 / City & State — 23 / Zip — 24 / Country — 25
2a. Mailing Address — 26 / Suite, Apt # etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

9. **Name and Address of Current Registered Agent**

NATKOW, NEIL A. D.O.
6101 BLUE LAGOON DR
STE 300
MIAMI FL 33126

10. **Name and Address of New Registered Agent**
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	VCEO	TITLE	D — [X] Change ☐ Addition
NAME	KILISSANLY, PETER E	NAME	
STREET ADDRESS	4305 LAKE RD	STREET ADDRESS	6101 Blue Lagoon DR, Suite 300
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, FL 33126
TITLE	S	TITLE	[X] Change ☐ Addition
NAME	MENENDEZ, JOSE M	NAME	
STREET ADDRESS	633 NAVARRE AVE	STREET ADDRESS	6101 Blue Lagoon DR, Suite 300
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	Miami, FL 33126
TITLE	VT	TITLE	T — [X] Change ☐ Addition
NAME	FRIESEN, JON H	NAME	Reiter, Neil
STREET ADDRESS	950 NW 201 WAY	STREET ADDRESS	6101 Blue Lagoon DR, Suite 300
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP	Miami, FL 33126
TITLE	PD	TITLE	[X] Change ☐ Addition
NAME	NATKOW, NEIL	NAME	
STREET ADDRESS	3300 NE 191ST STREET, LPH-6	STREET ADDRESS	6101 Blue Lagoon DR, Suite 300
CITY-ST-ZIP	AVENTURA FL	CITY-ST-ZIP	Miami, FL 33126
TITLE	VD	TITLE	[X] Change ☐ Addition
NAME	SPENCER, RODNEY P	NAME	
STREET ADDRESS	14901 SW 88 AVE	STREET ADDRESS	6101 Blue Lagoon DR, Suite 300
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, FL 33126
TITLE	V	TITLE	D/C — [X] Change ☐ Addition
NAME	HOOVER, VERNON V	NAME	Kardatzke, E. Stanley, M.D.
STREET ADDRESS	7720 CAMINO REAL	STREET ADDRESS	6101 Blue Lagoon DR, Suite 300
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, FL 33126

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(i)(a), 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: Peter E. Kilissanly — 4/27/95 — (305) 267-6633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter E. Kilissanly

0123787 CP