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Aug 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S25563** (5)

1. Corporation Name
FAMILY HEALTH PLAN INSURANCE COMPANY

Principal Place of Business
5959 BLUE LAGOON DR
MIAMI FL 33126
US

Mailing Address
5959 BLUE LAGOON DR
MIAMI FL 33126-2039
US

3. Date Incorporated or Qualified: 05/03/1991
3a. Date of Last Report: 09/23/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26 6101 Blue Lagoon Dr.
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27 Suite 450
City & State — 23
City & State — 28 Miami, FL
Zip — 24 / Country — 25
Zip — 29 33126 / Country — 30

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

9. Name and Address of Current Registered Agent
MENENDEZ, JOSE M
5835 BLUR LAGOON DR.
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6101 Blue Lagoon Drive, #450
83
84 City: Miami FL — 85 Zip Code: 33126

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KILISSANLY, PETER E	
STREET ADDRESS	5835 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	MENENDEZ, JOSE M	
STREET ADDRESS	5835 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☐ DELETE
NAME	DONNELLY, CLIFFORD W	
STREET ADDRESS	5835 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	BERNAL, PETER R.	
STREET ADDRESS	5835 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	JOHNSON, GLEN R	
STREET ADDRESS	5835 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	☐ DELETE
NAME	KARDATZKE, E S	
STREET ADDRESS	5835 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 450	
1.4 CITY-ST-ZIP	Miami, FL 33126	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 450	
2.4 CITY-ST-ZIP	Miami, FL 33126	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 450	
3.4 CITY-ST-ZIP	Miami, FL 33126	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 450	
4.4 CITY-ST-ZIP	Miami, FL 33126	
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 450	
5.4 CITY-ST-ZIP	Miami, FL 33126	
6.1 TITLE		☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 450	
6.4 CITY-ST-ZIP	Miami, FL 33126	

14. I do 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 X _____

CR2E034 (9/96)