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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	Mailing Address
5959 BLUE LAGOON DR MIAMI FL 33126 US	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:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 6101 Blue Lagoon Dr.
Suite, Apt. #, etc.
27: Suite 450
City & State
28: Miami, FL
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition	
NAME	KILISSANLY, PETER E		1.2 NAME		
STREET ADDRESS	5835 BLUE LAGOON DR		1.3 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 450	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	S	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition	
NAME	MENENDEZ, JOSE M		2.2 NAME		
STREET ADDRESS	5835 BLUE LAGOON DR		2.3 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 450	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	TD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition	
NAME	DONNELLY, CLIFFORD W		3.2 NAME		
STREET ADDRESS	5835 BLUE LAGOON DR		3.3 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 450	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition	
NAME	BERNAL, PETER R.		4.2 NAME		
STREET ADDRESS	5835 BLUE LAGOON DR		4.3 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 450	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition	
NAME	JOHNSON, GLEN R		5.2 NAME		
STREET ADDRESS	5835 BLUE LAGOON DR		5.3 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 450	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	DC	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition	
NAME	KARDATZKE, E S		6.2 NAME		
STREET ADDRESS	5835 BLUE LAGOON DR		6.3 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 450	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, FL 33126	

CR2E034 (9/96)

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: _____