

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 18 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 # **S30340** (1)
1. Corporation Name
ST. JOHN MEDICAL PLANS, INC.



Principal Place of Business: **7200 NW 19TH STREET SUITE 600 MIAMI FL 33126**
Mailing Address: **7200 NW 19TH STREET SUITE 600 MIAMI FL 33126-1227**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	7200 NW 19 St.	26	7200 NW 19 St.	02/07/1991	05/21/1996
22. Suite, Apt. #, etc. Suite 610		27. Suite, Apt. #, etc. Suite 610		4. FEI Number	Applied For
23. City & State Miami FL		28. City & State Miami FL		65-0264805	Not Applicable
24. Zip 33126	25. Country USA	29. Zip 33126	30. Country USA	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSTONE, ESQ., JAMES V 7200 NW 19TH STREET SUITE 600 MIAMI FL 33126				81. Name	Johnstone, James V, Esq.		
				82. Street Address (P.O. Box Number is Not Acceptable)	7200 NW 19 Street		
				83.	Suite 610		
				84. City	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: *James V. Johnstone* (NOTE: Registered Agent's signature required when reinstating) DATE: **3/12/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CRUZ PERAZA, MIGUEL A	1.2 NAME					
STREET ADDRESS	7200 NW 19TH ST., STE. 600	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP					
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RILEY, MICHAEL S	2.2 NAME					
STREET ADDRESS	7200 NW 19 ST # 600	2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **1/31/97** (305) 994-3950

CRE034 (9/96)