

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

FILED
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
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DOCUMENT # S50396 (8)
 1. Corporation Name
FAMILY HEALTH PLAN ADMINISTRATORS, INC.



Principal Place of Business 6101 BLUE LAGOON DR 300 MIAMI FL 33126 US	Mailing Address 6101 BLUE LAGOON DR 300 MIAMI FL 33126-2060 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Suite 450 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 450 28 City & State 29 Zip 30 Country	3. Date Incorporated or Qualified 05/07/1991 3a. Date of Last Report 07/17/1996 4. FEI Number 65-0262061 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <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
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9. Name and Address of Current Registered Agent MENENDEZ, JOSE M ESQ 6101 BLUE 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) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE KLUSSANLY, PETER E 6101 BLUE LAGOON DRIVE SUITE 300 MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> DELETE MENENDEZ, JOSE M 6101 BLUE LAGOON DRIVE, SUITE 300 MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> DELETE DONNELLY, CLIFFORD W 6101 BLUE LAGOON DRIVE MIAMI FL 33126	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE JOHNSON, GLEN R MD 6101 BLUE LAGOON DRIVE MIAMI FL 33126	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> DELETE KEAGTER, ROBERT P J 6101 BLUE LAGOON DRIVE MIAMI FL 33126	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bernal, Peter R. 6101 Blue Lagoon Dr., Suite 450 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input type="checkbox"/> DELETE KARDATZKE, E S 6101 BLUE LAGOON DRIVE SUITE 300 MIAMI FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 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.

CR2E034 (9/96)