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# FILED
# May 14 1998 8:00am
# Secretary of State

PROFIT CORPORATION ANNUAL REPORT

**1998**

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

DOCUMENT # **S50396** **(8)**

1. Corporation Name
**FAMILY HEALTH PLAN ADMINISTRATORS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6101 BLUE LAGOON DR<br>SUITE 450<br>MIAMI FL 33126<br>US | 6101 BLUE LAGOON DR<br>SUITE 450<br>MIAMI FL 33126<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1991

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 **500 WEST MAIN ST** | 26 **P O BOX 740026** |
| Suite, Apt. #, etc<br>22 | Suite, Apt. #, etc.<br>27 **TAX DEPT** |
| City & State<br>23 **LOUISVILLE, KY** | City & State<br>28 **LOUISVILLE, KY** |
| Zip / Country<br>24 **40202** 25 **US** | Zip / Country<br>29 **40201-7428** 30 **US** |

4. FEI Number: **65-0262061** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**
**1200 SOUTH PINE ISLAND ROAD**
**PLANTATION FL 33324**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | KILISSANLY, PETER E | | 1.2 NAME | WOLF, GREGORY H. | |
| STREET ADDRESS | 6101 BLUE LAGOON DRIVE SUITE 300 | | 1.3 STREET ADDRESS | 500 W MAIN | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | LOUISVILLE KY 40201-1438 | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | MENENDEZ, JOSE M | | 2.2 NAME | JERRY D. REEVES, MD | |
| STREET ADDRESS | 6101 BLUE LAGOON DRIVE, SUITE 300 | | 2.3 STREET ADDRESS | 500 W MAIN | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | LOUISVILLE KY 40201-1438 | |
| TITLE | DT | ☐ DELETE | 3.1 TITLE | SrVP D | ☒ Change ☐ Addition |
| NAME | DONNELLY, CLIFFORD W | | 3.2 NAME | McCALLISTER, MICHAEL B. | |
| STREET ADDRESS | 6101 BLUE LAGOON DRIVE | | 3.3 STREET ADDRESS | 500 W MAIN | |
| CITY-ST-ZIP | MIAMI FL 33126 | | 3.4 CITY-ST-ZIP | LOUISVILLE KY 40201-1438 | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | CFO | ☒ Change ☐ Addition |
| NAME | JOHNSON, GLEN R MD | | 4.2 NAME | MURRAY, JAMES E. | |
| STREET ADDRESS | 6101 BLUE LAGOON DRIVE | | 4.3 STREET ADDRESS | 500 W MAIN | |
| CITY-ST-ZIP | MIAMI FL 33126 | | 4.4 CITY-ST-ZIP | LOUISVILLE KY 40201-1438 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | BERNAL, PETER R | | 5.2 NAME | LENAHAN, JOAN O. | |
| STREET ADDRESS | 6101 BLUE LAGOON DR #450 | | 5.3 STREET ADDRESS | 500 W MAIN | |
| CITY-ST-ZIP | MIAMI FL | | 5.4 CITY-ST-ZIP | LOUISVILLE KY 40201-1438 | |
| TITLE | DC | ☐ DELETE | 6.1 TITLE | VP | ☒ Change ☐ Addition |
| NAME | KARDATZKE, E S | | 6.2 NAME | BAUERNFEIND, GEORGE | |
| STREET ADDRESS | 6101 BLUE LAGOON DRIVE SUITE 300 | | 6.3 STREET ADDRESS | 500 W MAIN | |
| CITY-ST-ZIP | MIAMI FL | | 6.4 CITY-ST-ZIP | LOUISVILLE KY 40201-1438 | |

CR2E034 (10/97)

14. I 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: George Bauernfeind GEORGE BAUERNFEIND, V P-TAXES APR 30 1998 (502)580-1000