


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

FILED
Apr 22 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 # S63366 (6)					
1. Corporation Name ABERDEEN HEALTH CARE PLANS, INC.					
Principal Place of Business 7311 HEARTH STONE AVE BOYNTON BEACH FL 33437			Mailing Address 7311 HEARTH STONE AVE BOYNTON BEACH FL 33437-2948		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1991	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 01/25/1996	
22 City & State		27 City & State		4. FEI Number 65-0284201	
23 Zip		28 Zip		Applied For Not Applicable	
25 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
30		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
32		33		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 SHAPIRO, HENRY L. 7311 HEARTH STONE AVE BOYNTON BEACH FL 33437			10. Name and Address of New Registered Agent		
B1 Name			B2 Street Address (P.O. Box Number is Not Acceptable)		
B3			B4 City		
B5 Zip Code			FL		
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 _____ <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAPIRO, HENRY L.		1.2 NAME		
STREET ADDRESS	7311 HEARTH STONE AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH FL		1.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			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 recorder 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: _____			4/15/97 (561)731-1411		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		

CR2E034 (9/96)