FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 17 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S64601 (5)

1. Corporation Name
V.I.P. HEALTH PLANS OF FLORIDA, INC.

Principal Place of Business: 7900 SW 143 ST, MIAMI FL 33158
Mailing Address: 7900 SW 143 ST, MIAMI FL 33158

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0275447 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

2. Principal Place of Business
21: 20761 S. Dixie Highway
Suite, Apt. #, etc.
22:
City & State
23: Mia FL
Zip
24: 33189
Country
25: Dade

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

9. Name and Address of Current Registered Agent
PETRILLO, LOUIS A.
7900 SW 143 ST
MIAMI FL 33158

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 [signature] DATE 4/10/95
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	PD	1.1 TITLE	D — [X] Change [ ] Addition
NAME	PETRILLO, LOUIS A.	1.2 NAME	Petrillo, Louis A.
STREET ADDRESS	7900 SW 143 ST	1.3 STREET ADDRESS	7900 SW 143 ST
CITY ST ZIP	MIAMI FL	1.4 CITY ST ZIP	MIA FL 33158
TITLE	VTD	2.1 TITLE	[X] Change [ ] Addition
NAME	PETRILLO, STEVEN C.	2.2 NAME	DELETE
STREET ADDRESS	7900 SW 143 ST	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	2.4 CITY ST ZIP	
TITLE	VD	3.1 TITLE	[X] Change [ ] Addition
NAME	LEVINE, ROBERT J.	3.2 NAME	Delete
STREET ADDRESS	7900 SW 143 ST	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	P — [ ] Change [X] Addition
NAME		4.2 NAME	TED BUKOWSKI
STREET ADDRESS		4.3 STREET ADDRESS	20761 S. Dixie Highway
CITY ST ZIP		4.4 CITY ST ZIP	MIA FL 33185
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Louis A. Petrillo 4/10/95 255-4842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200730 CP