**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 25 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S97739** **(4)**

1. Corporation Name

**GROUP HEALTH ADMINISTRATORS OF FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4801 SOUTH UNIVERSITY DRIVE<br>SUITE 200<br>FT LAUDERDALE FL 33328 | 4801 SOUTH UNIVERSITY DRIVE<br>SUITE 200<br>FT LAUDERDALE FL 33328 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1991
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21 5870 S W 36 Terr.
Suite, Apt. #, etc.
22
City & State
23 Ft. Lauderdale, Fla.
Zip 24 33312 County 25 Broward

2a. Mailing Address
26 5870 S. W. 36 Terr.
Suite, Apt. #, etc.
27
City & State
28 Ft. Lauderdale, Fla.
Zip 29 33312 County 30 Broward

4. FEI Number: 65-0304261 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MARANT, RICHARD
4801 SOUTH UNIVERSITY DRIVE
ATRIUM CENTRE, SUITE 200
FT. LAUDERDALE FL 33328

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5870 S. W. 36 Terr.
83
84 City: Ft. Lauderdale, FL 85 Zip Code: 33312

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: Linda B. Marant — Linda B. Marant — April 20, 1995
(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 | DPST | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MARANT, RICHARD | 1.2 NAME | |
| STREET ADDRESS | 4801 SO UNIV. DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1.4 CITY-ST-ZIP | ZIP 33312 |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SILLS, LYNN | 2.2 NAME | |
| STREET ADDRESS | 1325 HARDING PLACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHARLOTTE NC | 2.4 CITY-ST-ZIP | ZIP 28204 |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | JONES, LARRY | 3.2 NAME | |
| STREET ADDRESS | 2600 EAST S BOULEVARD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MONTGOMERY AL | 3.4 CITY-ST-ZIP | ZIP 36116 |
| TITLE | VP | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MARANT, LINDA B. | 4.2 NAME | |
| STREET ADDRESS | 5870 SW 36 TERRACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 4.4 CITY-ST-ZIP | ZIP 33312 |
| 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)(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:** Linda B. Marant — Linda B. Marant — April 20, 1995 — (305) 986-2550
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

0235870 CP