

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S97739** (4)

1. Corporation Name

GROUP HEALTH ADMINISTRATORS OF FLORIDA, INC.



Principal Place of Business

**5870 SW 36 TERRACE
SUITE 200
FT LAUDERDALE FL 33312
US**

Mailing Address

**5870 S W 36 TERRACE
SUITE 200
FT LAUDERDALE FL 33312
US**

3. Date Incorporated or Qualified

12/04/1991

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0304261

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARANT, RICHARD
5870 S W 36 TERRACE
ATRIUM CENTRE, SUITE 200
FT LAUDERDALE FL 33312**

81 Name

Linda B. Marant

82 Street Address (P.O. Box Number is Not Acceptable)

5870 S. W. 36 Terrace

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, Pres.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 24, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPST** ☒ DELETE
NAME **MARANT, RICHARD**
STREET ADDRESS **4801 SO UNIV. DRIVE**
CITY - ST - ZIP **FT. LAUDERDALE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE
NAME **SILLS, LYNN**
STREET ADDRESS **1325 HARDING PLACE**
CITY - ST - ZIP **CHARLOTTE NC**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE
NAME **JONES, LARRY**
STREET ADDRESS **2600 EAST S BOULEVARD**
CITY - ST - ZIP **MONTGOMERY AL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **VP** ☐ DELETE
NAME **MARANT, LINDA B.**
STREET ADDRESS **5870 SW 36 TERRACE**
CITY - ST - ZIP **FT LAUDERDALE FL**

4.1 TITLE **DPST** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Linda B. Marant, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1996

Date

(954) 986-2550

Daytime Phone #

CR2E034 (12/95)