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 MAY 10 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

DOCUMENT # V12641

1. Corporation Name

PHYSICIANS HEALTHCARE PLANS, INC.

Principal Place of Business / Mailing Address
~~12515 N. Kendall Drive #322~~
~~Miami, FL 33186~~

3. Date Incorporated or Qualified: 02-10-92
3a. Date of Last Report: 06-29-94

2. Principal Place of Business
21 2333 Ponce de Leon Blvd.
Suite, Apt. #, etc.: 22 Suite 303
City & State: 23 Coral Gables, FL
Zip: 24 33134 County: 25

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

4. FEI Number: 65-0319864 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~Michael B. Fernandez~~
~~12515 N. Kendall Drive #322~~
~~Miami, FL 33186~~

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 2333 Ponce de Leon Blvd., #303
03
04 City: Coral Gables, 05 FL Zip Code: 33134

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 & NAME & STREET ADDRESS & CITY-ST-ZIP	~~D/P/S/T~~ ~~Michael B. Fernandez~~ ~~12515 N. Kendall Dr. #322~~ ~~Miami, FL 33186~~	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	xx Change ☐ Addition 2333 Ponce de Leon Blvd., #303 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: Michael B. Fernandez
President 05-09-95 (305) 441-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #