

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

FILED

Apr 26 1996 8:00 am

Secretary of State

DOCUMENT # V12641 (9)

1. Corporation Name

PHYSICIANS HEALTHCARE PLANS, INC.



Principal Place of Business

2333 PONCE DE LEON BLVD.  
SUITE 303  
CORAL GABLES FL 33134

Mailing Address

2333 PONCE DE LEON BLVD.  
SUITE 303  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
02/10/1992

3a. Date of Last Report  
05/10/1995

4. FEI Number  
65-0318864

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 777 SHARBOUR IS BLVD

26 777 S HARBOUR IS BLVD

22 Suite, Apt. #, etc.  
#350

27 Suite, Apt. #, etc.  
#350

23 City & State  
TAMPA, FL

28 City & State  
TAMPA, FL

24 Zip  
33602

25 Country  
USA

29 Zip  
33602

30 Country  
USA

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 or 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

FERNANDEZ, MICHAEL B.  
2333 PONCE DE LEON BLVD.  
SUITE 303  
CORAL GABLES FL 33134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE  
NAME FERNANDEZ, MICHAEL B.  
STREET ADDRESS 2333 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/96 813-273-7474

CR2E034 (12/95)

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**PHP**  
**BOARD OF DIRECTORS & OFFICERS**

Mr. Cesar Alvarez (D)  
1221 Brickell Avenue, 22nd Floor  
Miami, FL 33131

Mr. Fred W. Brown (T)  
777 South Harbour Island Blvd., Suite 350  
Tampa, FL 33602

Mr. Michael B. Fernandez (D) (P)  
Physicians Healthcare Plans, Inc.  
2333 Ponce de Leon Blvd., Suite 303  
Coral Gables, FL 33134

Mr. Jim Hoover (D)  
Welsh, Carson, Anderson, Stowe  
200 Liberty Street, Suite 3601  
New York, NY 10281

Mr. Peter Jimenez (S)  
2333 Ponce de Leon Blvd., Suite 303  
Coral Gables, FL 33134

Roger Medel, M.D. (D)  
1455 Northpark Dr.  
Ft. Lauderdale, FL 33326

Mr. Rick Stowe (D)  
Welsh, Carson, Anderson, Stowe  
200 Liberty Street, Suite 3601  
New York, NY 10281