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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V12641 (9)

1. Corporation Name

PHYSICIANS HEALTHCARE PLANS, INC.

Principal Place of Business

~~777 HARBOUR IS BLVD~~
SUITE 350
TAMPA FL 33602
US

Mailing Address

777 S HARBOUR IS BLVD
350
TAMPA FL 33602-5744
US



2. Principal Place of Business

21 777 S. Harbour Is Blvd
Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/10/1992

3a. Date of Last Report

04/26/1996

4. FEI Number

65-0318864

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

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

10. Name and Address of New Registered Agent

81 Name Ms Debbie Ouellette
82 Street Address (P.O. Box Number is Not Acceptable)
777 S. Harbour Island Blvd
Suite 300
83 City TAMPA FL 85 Zip Code 33602

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

Debbie Ouellette

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/97

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

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NAME
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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 DC ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE P ☐ Change ☒ Addition
2.2 NAME BRUCE CARPENTER
2.3 STREET ADDRESS 777 S HARBOUR ISLAND BLVD STE 300
2.4 CITY-ST-ZIP TAMPA, FL 33602

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME PETER JIMENEZ
3.3 STREET ADDRESS 777 S. HARBOUR ISLAND BLVD STE 300
3.4 CITY-ST-ZIP TAMPA, FL 33602

4.1 TITLE F ☐ Change ☒ Addition
4.2 NAME FRED W BROWN
4.3 STREET ADDRESS 777 S. HARBOUR ISLAND BLVD STE 300
4.4 CITY-ST-ZIP TAMPA, FL 33602

5.1 TITLE B ☐ Change ☒ Addition
5.2 NAME CESAR ALVAREZ
5.3 STREET ADDRESS 2333 PONCE DE LEON BLVD #303
5.4 CITY-ST-ZIP CORAL GABLES, FL 33134

6.1 TITLE B ☐ Change ☒ Addition
6.2 NAME JIM HOOVER
6.3 STREET ADDRESS 2333 PONCE DE LEON BLVD # 303
6.4 CITY-ST-ZIP CORAL GABLES, FL 33134

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Fred W Brown FRED W BROWN VP-Try 4/18/97 913 272-8318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)