

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90051 016 ***150.00

DOCUMENT # V12641

1. Corporation Name
PHYSICIANS HEALTHCARE PLANS, INC.



Principal Place of Business
1410 NORTH WESTSHORE BLVD.
SUITE 200
TAMPA FL 33607
US

Mailing Address
1410 NORTH WESTSHORE BLVD.
SUITE 200
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OUELLETTE, MS. DEBBIE

~~777 S HARBOUR ISLAND BLVD~~

STE 300-200

TAMPA FL ~~33602~~ 33607

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

☒ Change ☐ Addition

TITLE P ☐ DELETE
NAME CARPENTER, BRUCE
STREET ADDRESS ~~777 HARBOUR IS BLVD STE 300~~
CITY-ST-ZIP TAMPA FL

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

☒ Change ☐ Addition

TITLE S ☐ DELETE
NAME JIMENEZ, PETER
STREET ADDRESS ~~777 S HARBOUR IS BLVD STE 300~~
CITY-ST-ZIP ~~TAMPA FL~~

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

☒ Change ☐ Addition

TITLE T ☐ DELETE
NAME BROWN, FRED W.
STREET ADDRESS ~~777 S HARBOUR IS BLVD STE 300~~
CITY-ST-ZIP TAMPA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D ☐ DELETE
NAME ~~ALVAREZ, CESAR~~
STREET ADDRESS 2333 PONCE DE LEON BLVD #303
CITY-ST-ZIP CORAL GABLES FL

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

☒ Change ☐ Addition

TITLE D ☐ DELETE
NAME ~~HOOVER, JIM~~
STREET ADDRESS 2333 PONCE DE LEON BLVD #303
CITY-ST-ZIP CORAL GABLES FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

FRED W. BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/99

(813) 889-8318

CR2E034 (11/98)

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