

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90119 009 ***150.00

DOCUMENT # V12641

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0318864**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OUELLETTE, MS. DEBBIE
1410 NORTH WESTSHORE BLVD
STE 200
TAMPA FL 33607**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
NAME **FERNANDEZ, MICHAEL B.**
STREET ADDRESS **2333 PONCE DE LEON BLVD., #303**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P** ☒ Delete
NAME **CARPENTER, BRUCE**
STREET ADDRESS **1410 N. WESTSHORE BLVD., STE 200**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **ST** ☐ Change ☒ Addition
NAME **Aboud, Joseph**
STREET ADDRESS **2333 PONCE DE LEON BLVD, STE 200**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **S** ☐ Delete
NAME **JIMENEZ, PETER**
STREET ADDRESS **2333 PONCE DE LEON BLVD., STE 200**
CITY-ST-ZIP **TAMPA FL 33134**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **BROWN, FRED W.**
STREET ADDRESS **1410 N. WESTSHORE BLVD., STE 200**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
NAME **KOEPEL, ROBERT**
STREET ADDRESS **2333 PONCE DE LEON BLVD #303**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Change ☒ Addition
NAME **MEDEL, ROGER J, MD**
STREET ADDRESS **1301 CONCORD TERR**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **D** ☒ Delete
NAME **STOWE, RICK**
STREET ADDRESS **2333 PONCE DE LEON BLVD #303**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRED W BROWN VP

1/16/2001

(813) 829-8318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)