

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90011 007 \*\*\*150.00

MADE IN FL AV

**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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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, 2002 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 **2933 PONCE DE LEON BLVD., #303**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
 NAME **55 Alhambra Plaza; 7th FL**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST** ☐ Delete  
 NAME **ABOOD, JOSEPH**  
 STREET ADDRESS **2933 PONCE DE LEON BLVD STE 200**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
 NAME **55 Alhambra Plaza; 7th Floor**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **JIMENEZ, PETER**  
 STREET ADDRESS **2933 PONCE DE LEON BLVD., STE 200**  
 CITY-ST-ZIP **TAMPA FL 33134**

TITLE ☐ Change ☐ Addition  
 NAME **55 Alhambra Plaza; 7th floor**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME **Robert Koepfel**  
 STREET ADDRESS **55 ALHAMBRA PLAZA; 7TH Floor**  
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/10/2002 (813) 829-8318*  
 Date Daytime Phone #

CR2E034 (9/01)