

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 10 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V12641

1. Corporation Name

PHYSICIANS HEALTHCARE PLANS, INC.

Principal Place of Business Mailing Address

12515-N-Kendall-Drive-#322
Miami, FL 33186

0000101488200

-05/16/95-01016-014

***225.00 ***225.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02-10-92		3a. Date of Last Report 06-29-94	
4. FEI Number 65-0319864		Applied Fee 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			
2. Principal Place of Business 21 2333 Ponce de Leon Blvd. Suite, Apt. #, etc. 22 Suite 303 City & State 23 Coral Gables, FL Zip Country 24 33134 25		2a. Mailing Address 26 *SAME* Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	

9. Name and Address of Current Registered Agent

Michael B. Fernandez
12515-N-Kendall-Drive-#322-
Miami, FL 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2333 Ponce de Leon Blvd., #303
83
84 City
Coral Gables, FL 85 Zip Code
33134

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 resigning

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P/S/T	1.1 TITLE	☒ Change ☐ Addition
NAME	Michael B. Fernandez	1.2 NAME	
STREET ADDRESS	12515-N-Kendall-Dr-#322	1.3 STREET ADDRESS	2333 Ponce de Leon Blvd., #303
CITY-ST-ZIP	Miami, FL 33186	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael B. Fernandez
President

05-09-95

(305) 441-9400

Date

Daytime Phone #