CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1994 JUN 29 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: PHYSICIANS HEALTHCARE PLANS, INC.

DOCUMENT # V12641

Mailing Address / Principal Place of Business:
c/o: Michael B. Fernandez
125 Gavilan Coco Plum
Coral Gables, FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address: 21 12515 N. Kendall Drive	2a. Principal Place of Business: 26
Suite, Apt. #, etc.: 22 322	Suite, Apt. #, etc.: 27 SAME
City & State: 23 Miami, FL	City & State: 28
Zip: 24 33186 Country: 25 USA	Zip: 29 Country: 30

3. Date Incorporated or Qualified: 02-10-92
3a. Date of Last Report: 03-23-93
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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent:
MICHAEL B. FERNANDEZ
125 Gavilan Coco Plum
Coral Gables, FL 33143

10. Name and Address of New Registered Agent:
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 12515 N. Kendall Drive
83
84 City: Miami FL 85 Zip Code: 33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D/P/S/T	11 TITLE	
12 NAME	Michael B. Fernandez	12 NAME	
13 STREET ADDRESS	12515 N. Kendall Drive	13 STREET ADDRESS	
14 CITY-ST-ZIP	Miami, FL 33186	14 CITY-ST-ZIP	
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP		24 CITY-ST-ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

AB 6/29

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. Release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael B. Fernandez
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/94 Date 270-8533 Daytime Phone #

CORPORATION INFORMATION
SERVICES, INC.
1701 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

csc networks

MAIL TO:
P.O. BOX 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 414801 4656A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 233.75

ORDER DATE : June 29, 1994

ORDER TIME : 9:52 AM

ORDER NO. : 414801

CUSTOMER NO: 4656A

CUSTOMER: Elizabeth Galvin, Legal Asst
Greenberg Traurig Hoffman
P. O. Box 12890

Miami, FL 33101-2890

FILED
94 JUN 29 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: PHYSICIANS HEALTHCARE PLANS, INC.

XX 1994 ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Patty G. Pizzuto

EXAMINER'S INITIALS: _____