

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90119 016 ***150.00

DOCUMENT # V12641	
1. Entity Name AMERIGROUP FLORIDA, INC.	



Principal Place of Business 4200 WEST CYPRESS STREET . SUITE 900 TAMPA, FL 33607 US	Mailing Address 4425 COPORATION LANE VIRGINIA BEACH, VA 23462 US
--	--

50026475



2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

02232005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0318864	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	--------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEQ, COO	TITLE	CEO
NAME	BORNHAUSER, KAREN	NAME	GILMORE, DONALD V.
STREET ADDRESS	4200 WEST CYPRESS STREET, SUITE 900	STREET ADDRESS	4200 W. CYPRESS STREET, SUITE 900
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	TAMPA, FL 33607-4173
TITLE	V	TITLE	
NAME	BALDWIN, STANLEY F	NAME	
STREET ADDRESS	4425 CORPORATION LANE 300	STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	CARLSON, JAMES G	NAME	
STREET ADDRESS	4425 CORPORATE LANE 300	STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462	CITY-ST-ZIP	
TITLE	VT	TITLE	
NAME	LEE, SHERRI	NAME	
STREET ADDRESS	4425 CORPORATION LANE 300	STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	ANGLIN, SCOTT	NAME	
STREET ADDRESS	4425 CORPORATION LANE 300	STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CHILDRESS, JR., LORENZO M.D.	NAME	
STREET ADDRESS	4425 CORPORATION LANE	STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462	CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>D.K.KLS</i>	<i>Scott Anglin</i>	3/3/05	757 494 6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #