FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 8:59

DOCUMENT # V68014 (2)

1. Corporation Name
CMP-HEALTH ADMINISTRATORS, INC.

Principal Place of Business
3127 WEST HALLANDALE BEACH BLVD.
SUITE 113
HALLANDALE FL 33009

Mailing Address
14411 COMMERCE WAY
SUITE 310
MIAMI LAKES FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 3400 Data Drive
Suite, Apt. #, etc
27
City & State
28 Rancho Cordova, CA
Zip
29 95670
Country
30 USA

4. FEI Number: 65-0326988 — 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

8. This corporation has liability for intangible tax under S. 199.0 J, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
PALENZUELA, ROBERTO L ESQUIRE
1740 CORAL WAY
SUITE A
MIAMI FL 33145

10. Name and Address of New Registered Agent
81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0505 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: Naseem A. Conde — NASEEM A. CONDE, SPECIAL ASST. SECRETARY — DATE: 2-2-95
(NOTE: Registered Agent signature required if registered agent and title if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/C	XX Change ☐ Addition
NAME	PALENZUELA, ROBERTO	1.2 NAME	Kirk A. Benson	
STREET ADDRESS	1740 CORAL WAY STE A	1.3 STREET ADDRESS	3400 Data Drive	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Rancho Cordova, CA 95670	
TITLE	D	2.1 TITLE	D/T	X Change ☐ Addition
NAME	CHUSIO, HOWARD	2.2 NAME	Jeffrey L. Elder	
STREET ADDRESS	3127 W. HOLLONDALE BCH BLVD.	2.3 STREET ADDRESS	3400 Data Drive	
CITY-ST-ZIP	PEMBROKE PARK FL	2.4 CITY-ST-ZIP	Rancho Cordova, CA 95670	
TITLE		3.1 TITLE	D/P	X Change ☐ Addition
NAME		3.2 NAME	Lawrence H. Kries	
STREET ADDRESS		3.3 STREET ADDRESS	7950 NW 53rd St., 3rd Floor	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33166	
TITLE		4.1 TITLE	S	X Change ☐ Addition
NAME		4.2 NAME	Allen J.Marabito	
STREET ADDRESS		4.3 STREET ADDRESS	3400 Data Drive	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Rancho Cordova, VA 95670	
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 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 the 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 of the report or is the name entered with an address.

SIGNATURE: Allen Marabito — 2/2/95 — 916/631-5414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Allen J. Marabito, Secretary

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