

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

**Legal Department
3400 DATA DRIVE
SUITE 310
RANCHO CORDOVA CA 95670
US**

2. Principal Place of Business

21 **7950 NW 53RD Street**

Suite, Apt. #, etc.

22 **Third Floor**

City & State

23 **Miami, FL**

Zip

24 **33146**

Country

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
SUITE A
PLANTATION FL 33324**

3. Date incorporated or Qualified

10/01/1992

3a. Date of Last Report

02/21/1995

4. FEI Number

65-0326988 **45-0362988**

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. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 the corporation)

(Note: Registered Agent Signature required when not filed)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DC**
STREET ADDRESS **BENSON, KIRK A**
CITY-ST-ZIP **3400 DATA DRIVE**
RANCHO CORDOVA CA

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **ELDER, JEFFREY L**
CITY-ST-ZIP **3400 DATA DRIVE**
RANCHO CORDOVA CA

TITLE ☒ DELETE
NAME **DP**
STREET ADDRESS **KRIES, LAWRENCE H**
CITY-ST-ZIP **7950 NW 53RD ST., 3RD FLR**
MIAMI FL

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **MARABITO, ALLEN J**
CITY-ST-ZIP **3400 DATA DRIVE**
RANCHO CORDOVA CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **30VP** ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☒ Addition

31 TITLE **DP** ☐ Change ☒ Addition
32 NAME **Steven B. Geller**
33 STREET ADDRESS **7950 NW 53RD Street, 3rd Floor**
34 CITY-ST-ZIP **Miami, FL 33146**

41 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP **State = California**

51 TITLE **AS** ☐ Change ☒ Addition
52 NAME **Lisette Cumer-Martinez**
53 STREET ADDRESS **7950 NW 53RD Street, 3rd Floor**
54 CITY-ST-ZIP **Miami, FL 33146**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey L. Elder, Chief Financial Officer

4/14/95

Daytime Phone #

(916) 621-5500

CR2E034 (12/95)