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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

7850 NW 53RD STREET
THIRD FLOOR
MIAMI FL 33069
US 33146

Mailing Address

3400 DATA DRIVE
~~SUITE 910~~
RANCHO CORDOVA CA 95870-7956
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 33146

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 33146

30 Country

3. Date Incorporated or Qualified

10/01/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0362988

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

9. Name and Address of Current Registered Agent

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCVP ☒ DELETE
NAME BENSON, KIRK A
STREET ADDRESS 3400 DATA DRIVE
CITY-ST-ZIP RANCHO CORDOVA CA

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

TITLE DP ☐ DELETE
NAME STEVEN B. GRIFFIN
STREET ADDRESS 7950 NW 53RD STREET, 3RD FLOOR
CITY-ST-ZIP MIAMI FL

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

TITLE AS ☒ DELETE
NAME LISETTE CURRIER MARTINEZ
STREET ADDRESS 7950 NW 53RD STREET, 3RD FLOOR
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Jay M. Gellert
1.3 STREET ADDRESS 21000 Oxnard Street, Suite 1700
1.4 CITY-ST-ZIP Woodland Hills, CA 91367

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)