

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90130 046 \*\*\*158.75

003/363 AI

**DOCUMENT # K26577**

1. Entity Name  
**SAFEGUARD HEALTH PLANS, INC.**



Principal Place of Business  
**8100 NO UNIVERSITY DR  
FT. LAUDERDALE FL 33321  
US**

Mailing Address  
**95 ENTERPRISE.. SUITE 100  
ALISO VIEJO CA 92656-2605**



2. Principal Place of Business  
**3410 Henderson Boulevard**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Tampa, FL**

City & State

4. FEI Number **65-0073323**

Applied For  
Not Applicable

Zip  
**33609**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired **XXX** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDEV BUNCHER, JAMES E</b> <input type="checkbox"/> Delete <b>8100 NO UNIVERSITY DR FT. LAUDERDALE FL 33321</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO BUNCHER, J E</b> <input checked="" type="checkbox"/> Delete <b>8100 NO UNIVERSITY DR FT. LAUDERDALE FL 33321</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD BRENDZEL, RONALD I</b> <input type="checkbox"/> Delete <b>8100 NO UNIVERSITY DR FT. LAUDERDALE FL 33321</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VFOD GATES, DENNIS L</b> <input type="checkbox"/> Delete <b>8100 NO UNIVERSITY DR FT. LAUDERDALE FL 33321</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KAVOUKLIS, NICHOLAS M DMD</b> <input type="checkbox"/> Delete <b>8100 NO UNIVERSITY DR FT. LAUDERDALE FL 33321</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPD BAKER, STEPHEN J</b> <input type="checkbox"/> Delete <b>8100 NO UNIVERSITY DR FT. LAUDERDALE FL 33321</b>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3410 Henderson Boulevard Tampa, FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3410 Henderson Boulevard Tampa, FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3410 Henderson Boulevard Tampa, FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEOD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3410 Henderson Boulevard Tampa, FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3410 Henderson Boulevard Tampa, FL 33609</b>

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03

(949) 425-4110

Ronald I. Brendzel, Sr. V.P. and Secretary

CR2E034 (10/02)