

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
TALLAHASSEE, FLORIDA 32399-0400

APPROVED
AND
FILED

95 MAY -1 AM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S50396** (8)

1. Corporation Name
FAMILY HEALTH PLAN ADMINISTRATORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
6101 BLUE LAGOON DR 300 MIAMI FL 33126 US		6101 BLUE LAGOON DR 300 MIAMI FL 33126 US	
21	22	26	27
23		24	

3. Date Incorporated or Qualified	3a. Date of Last Report
05/07/1991	05/01/1994
4. FEI Number	Applied For
65-0262061	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

24				25				29				30			
B. Name and Address of Current Registered Agent												10. Name and Address of New Registered Agent			
NATKOW, NEIL A. D.O. 6101 BLUE LAGOON DR SUITE 300 MIAMI FL 33126												B1 Name			
												B2 Street Address (P.O. Box Number is Not Acceptable)			
												B3			
												B4 City			
												FL B5 Zip Code			

11. If required by the provisions of Sections 607.04(2) and 607.15(9), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth in the State of Florida. Such change was authorized by the corporation's board of directors, hereby affirming the appointment of registered agent, I am submitting, and accept the application of Section 607.05(5), Florida Statutes.

REGISTRATION FEE: \$225.00 (plus \$10.00 for each registered agent, plus \$10.00 for each registered office) (see Section 607.05(5), Florida Statutes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	VDC KILISSANLY, PETER E 4305 LAKE RD MIAMI FL	STATUS	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	6101 Blue Lagoon Drive, Suite 300 Miami, FL 33126
CITY		CITY	Miami, FL 33126
NAME	S MENENDEZ, JOSE M 633 NAVARRE AVE CORAL GABLES FL	STATUS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	6101 Blue Lagoon Drive, Suite 300
CITY		CITY	Miami, FL 33126
NAME	PD NATKOW, NEIL 3300 NE 191ST STREET., LPH-6 AVENTURA FL	STATUS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	6101 Blue Lagoon Drive, Suite 300
CITY		CITY	Miami, FL 33126
NAME	VT FRIESEN, JON H 950 N W 201 WAY PEMBROKE PINES FL	STATUS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	Reiter, Neil 6101 Blue Lagoon Drive, Suite 300
CITY		CITY	Miami, Florida 33126
NAME	VD SPENCER, RODNEY P 14901 S W 88 AVE MIAMI FL	STATUS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	6101 Blue Lagoon Drive, Suite 300
CITY		CITY	Miami, FL 33126
NAME	V HOOVER, VERNON V 7720 CAMINO REAL MIAMI FL	STATUS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	D/C Kardotzke, E. Stanley, M.D. 6101 Blue Lagoon Drive, Suite 300
CITY		CITY	Miami, Florida 33126

14. I, the undersigned, certify that the information supplied with this filing is, subject only to amendments hereafter filed and does not qualify for the exemption provided in Section 199.03(2), Florida Statutes. I further certify that the information included 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 at the time of the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an addition.

SIGNATURE: *Peter E. Kilissanly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter E. Kilissanly

4/27/95 (305) 267-6633