

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **S50396 (8)**

1. Corporation Name

FAMILY HEALTH PLAN ADMINISTRATORS, INC.



Principal Place of Business
**6101 BLUE LAGOON DR
 300
 MIAMI FL 33126
 US**

Mailing Address
**6101 BLUE LAGOON DR
 300
 MIAMI FL 33126
 US**

3. Date Incorporated or Qualified **05/07/1991** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0262061** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. 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**

81 Name **JOSE M. MENENDEZ, Esq.**
 82 Street Address (P.O. Box Number is Not Acceptable) **6101 Blue Lagoon Drive**
 83
 84 City **Miami** FL 85 Zip Code **33126**

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

Jose M. Menendez
 Signature of person or printed name of registered agent and title, if applicable

JOSE M. MENENDEZ
 (NOTE: Registered Agent's signature required when reinstating)

6/14/96
 Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KILISSANLY, PETER E	
STREET ADDRESS	6101 BLUE LAGOON DRIVE SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MENENDEZ, JOSE M	
STREET ADDRESS	6101 BLUE LAGOON DRIVE, SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NATKOW, NEIL	
STREET ADDRESS	6101 BLUE LAGOON DRIVE, SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	REITER, NEIL	
STREET ADDRESS	6101 BLUE LAGOON DRIVE SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SPENCER, RODNEY P	
STREET ADDRESS	6101 BLUE LAGOON DRIVE SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	KARDATZKE, E S	
STREET ADDRESS	6101 BLUE LAGOON DRIVE SUITE 300	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Donnelly, Clifford W.	
3.3 STREET ADDRESS	6101 Blue Lagoon Drive	
3.4 CITY-ST-ZIP	Miami FL 33126	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Johnson, Glen R., M.D.	
4.3 STREET ADDRESS	6101 Blue Lagoon Drive	
4.4 CITY-ST-ZIP	Miami, Florida 33126	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Leahy, Robert J.	
5.3 STREET ADDRESS	6101 Blue Lagoon Drive	
5.4 CITY-ST-ZIP	Miami Florida 33126	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or in an attachment with an address.

SIGNATURE:

Jose M. Menendez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96
 Date

305-365-2926
 Daytime Phone #

CR2E034 (3/96)