

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 410042

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: PREFERRED MEDICAL PLAN, INC.

## Current Principal Place of Business:

4950 SW 8TH ST.  
SUITE 403  
CORAL GABLES, FL 33134

## New Principal Place of Business:

4950 SW 8TH ST.  
SUITE 403  
CORAL GABLES, FL 33134

## Current Mailing Address:

ATTN TAMARA MEYERSON  
4950 SW 8 ST. SUITE 403  
CORAL GABLES, FL 33134 US

## New Mailing Address:

4950 SW 8TH ST.  
SUITE 403  
CORAL GABLES, FL 33134

FEI Number: 59-1419293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MEYERSON, TAMARA  
4950 SW 8TH ST  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

MEYERSON, TAMARA  
4950 SW 8TH ST  
SUITE 403  
CORAL GABLES, FL 33134 US

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.

SIGNATURE:

02/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: URLICH, SYLVIA BDCHAIR  
Address: 4950 SW 8 STREET STE 403  
City-St-Zip: CORAL GABLES, FL 33134

Title: DPV ( ) Delete  
Name: MEYERSON, TAMARA PRES.  
Address: 4950 SW 8 STREET STE 403  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: NOVOA, GABRIEL MD.DIR.  
Address: 4950 SW 8 STREET STE 403  
City-St-Zip: CORAL GABLES, FL 33134

Title: DTS ( ) Delete  
Name: ARCA, ALBERT TREA.  
Address: 4950 SW 8 STREET STE 403  
City-St-Zip: MIAMI, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DTS (X) Change ( ) Addition  
Name: ARCA, ALBERT TREA.  
Address: 4950 SW 8 STREET STE 403  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT ARCA

CFO

02/06/2008

Electronic Signature of Signing Officer or Director

Date