

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 410042

FILED
Mar 16, 2009
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:

Current Mailing Address:

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

New Mailing Address:

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
SUITE 403
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

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: CORAL GABLES, 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date