

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 410042

FILED
Jan 24, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ALBERT ARCA

TREA

01/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date