

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 410042

FILED  
Mar 30, 2012  
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

CFO

03/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date