

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90525 042 \*\*\*158.75

**DOCUMENT # 410042**

1. Entity Name  
**PREFERRED MEDICAL PLAN, INC.**



Principal Place of Business  
**4950 SW 8TH ST  
CORAL GABLES FL 33134**

Mailing Address  
**ATTN TAMARA MGYERSON  
4950 SW 8ST SUITE 403  
CORAL GABLES FL 33134  
US *ATTEN: TAMARA MEYERSON***



2. Principal Place of Business  
**4950 S.W. 8TH STREET  
SUITE 403**

3. Mailing Address  
**4950 S.W. 8TH STREET  
SUITE 403**

CHECK HERE IF MAKING CHANGES

City & State  
**CORAL GABLES, FLORIDA**

City & State  
**CORAL GABLES, FLORIDA**

4. FEI Number **59-1419293**

Applied For  
 Not Applicable

Zip  
**33134**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVP**  Delete  
NAME **URLICH, SYLVIA**  
STREET ADDRESS **4950 SW 8 STREET STE 403**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D, C**  Change  Addition  
NAME **URLICH, SYLVIA**  
STREET ADDRESS **4950 S.W. 8 STREET STE 403**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **DTAS**  Delete  
NAME **KIRBY, JOHN**  
STREET ADDRESS **2500 SW 75 AVE.**  
CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DSCE**  Delete  
NAME **MEYERSON, TAMARA**  
STREET ADDRESS **4950 SW 8TH ST**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D, S, P, VP, CEO**  Change  Addition  
NAME **MEYERSON, TAMARA**  
STREET ADDRESS **4950 S.W. 8 STREET STE 403**  
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE **D**  Delete  
NAME **NOVOA, GABRIEL**  
STREET ADDRESS **4950 SW 8TH ST**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D, T, CFO**  Change  Addition  
NAME **ARCA, ALBERT**  
STREET ADDRESS **4950 S.W. 8 STREET STE 403**  
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE MEYERSON** **TAMARA MEYERSON** 1/27/03 305-648-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)