

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90170 037 ***150.00

DOCUMENT # P01000058220
 1. Entity Name
 LEON MEDICAL CENTERS HEALTH PLANS, INC.



Principal Place of Business Mailing Address
 101 SW 27TH AVENUE 3RD FLOOR 101 SW 27TH AVENUE 3RD FLOOR
 MIAMI, FL 33135 MIAMI, FL 33135

2. Principal Place of Business 3. Mailing Address
 11501 SW. 40 Street 11501 SW 40 Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Miami, FL Miami, FL
 Zip Country Zip Country
 33165 U.S.A. 33165 U.S.A.

02082005 Chg-P CR2E034 (10/03)



4. FEI Number Applied For
 65-1129599 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EISEMAN, STUART
 35 SW 27 AVENUE
 MIAMI, FL 33135

7. Name and Address of New Registered Agent
 Name MAURY, ALBERT R.
 Street Address (P.O. Box Number is Not Acceptable)
 11501 SW. 40 STREET
 City Miami FL Zip Code 33165

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 *Albert R. Maury* DATE 02/24/05
Signature, typed name of registered agent and date required (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEON, BENJAMIN JR	
STREET ADDRESS	101 SW 27TH AVENUE 3RD FLOOR	
CITY - ST - ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leon, Benjamin Jr.	
STREET ADDRESS	11501 SW 40 STREET	
CITY - ST - ZIP	MIAMI, FL 33165	
TITLE	Executive V.P. COO, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISEMAN, STUART	
STREET ADDRESS	11501 SW 40 STREET	
CITY - ST - ZIP	MIAMI, FL 33165	
TITLE	V.P. of Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leon III, Benjamin	
STREET ADDRESS	11501 SW 40 STREET	
CITY - ST - ZIP	MIAMI, FL 33165	
TITLE	V.P. of Marketing/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURY, ALBERT R.	
STREET ADDRESS	11501 SW 40 STREET	
CITY - ST - ZIP	MIAMI, FL 33165	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leon, Lourdes	
STREET ADDRESS	11501 SW 40 STREET	
CITY - ST - ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: *Benjamin Leon, Jr.* DATE: 02/24/05 (305) 642-5366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #