

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010454

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: HERSOL MEDICAL PLAN, INC.

## Current Principal Place of Business:

2550 NW 72ND AVE  
SUITE 112  
MIAMI, FL 33122

## New Principal Place of Business:

## Current Mailing Address:

13800 SW 8TH STREET  
SUITE 259  
MIAMI, FL 33184

## New Mailing Address:

FEI Number: 04-3593023      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VALDES, TONY CPA  
2550 NW 72 AVENUE  
SUITE 111  
MIAMI, FL 33122 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: PSTD ( ) Delete  
Name: HERNANDEZ, JOSEPH  
Address: 13800 SW 8TH ST. SUITE 259  
City-St-Zip: MIAMI, FL 33184

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HERNANDEZ, JOSEPH  
Address: 13800 SW 8TH ST. SUITE 259  
City-St-Zip: MIAMI, FL 33184

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH HERNANDEZ

D

04/28/2006

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

\_\_\_\_\_  
Date