

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010454

FILED
Apr 28, 2007
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:

P. O. BOX 521850
MIAMI, FL 33152

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: D () 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: P. O. BOX 521850
City-St-Zip: MIAMI, FL 33152

I hereby certify that the information supplied with this filing does not qualify 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

04/28/2007

Electronic Signature of Signing Officer or Director

_____ Date