

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010454

FILED  
Mar 26, 2010  
Secretary of State

**Entity Name:** HERSOL MEDICAL PLAN, INC.

**Current Principal Place of Business:**

10305 NW 41ST STREET  
SUITE 229  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 521850  
MIAMI, FL 33152

**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: D  
Name: HERNANDEZ, JOSEPH  
Address: P. O. BOX 521850  
City-St-Zip: MIAMI, FL 33152

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: JOSEPH HERNANDEZ

D

03/26/2010

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

\_\_\_\_\_ Date