

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000015484

FILED
Apr 23, 2008
Secretary of State

Entity Name: MEDIBEST HEALTH PLAN SERVICES CORP

Current Principal Place of Business:

13350 NW 42ND AVE
SUITE # 10
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13350 NW 42ND AVE
SUITE # 10
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 38-3696351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHEZABAL, HECTOR M
13350 NW 42ND AVE
#110
OPA LOCKA, FL 33054 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECHEZABAL, HECTOR M
Address: 13350 NW 42ND AVE, STE # 10
City-St-Zip: OPA LOCKA, FL 33054

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: CANCIO, GISELLE
Address: 13350 NW 42ND AVE STE # 10
City-St-Zip: OPA LOCKA, FL 33054

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: HECTOR M ECHEZABAL

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date