

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 410042

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

**Current Principal Place of Business:**

4950 SW 8TH ST.  
SUITE 403  
CORAL GABLES, FL 33134

**Current Mailing Address:**

4950 SW 8TH ST.  
SUITE 403  
CORAL GABLES, FL 33134

**FEI Number:** 59-1419293

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MEYERSON, TAMARA  
4950 SW 8TH ST  
SUITE 403  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title           DPV  
Name           MEYERSON, TAMARA PRES.  
Address        4950 SW 8 STREET STE 403  
City-State-Zip: CORAL GABLES FL 33134

Title           DTS  
Name           ARCA, ALBERT TREA.  
Address        4950 SW 8 STREET STE 403  
City-State-Zip: CORAL GABLES FL 33134

Title           BOARD MEMBER  
Name           MENDENHALL MARCELLUS-TIMMINS,  
                  DORIS RN  
Address        4950 SW 8TH ST.  
                  SUITE 403  
City-State-Zip: CORAL GABLES FL 33134

*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:** ALBERT ARCA

TREASURER/CFO

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date