

2015 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

04/03/2015

Electronic Signature of Signing Officer/Director Detail

Date