## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 410042** 

Entity Name: PREFERRED MEDICAL PLAN, INC.

**Current Principal Place of Business:** 

10860 SW 88TH ST MIAMI, FL 33176

**Current Mailing Address:** 

10860 SW 88TH ST MIAMI, FL 33176 US

FEI Number: 59-1419293 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOX, KEVIN DR. 7483 CORAL WAY BUILDING **SUITE #102** MIAMI, FL 33155 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: DR. KEVIN FOX 04/30/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

**DIRECTOR** Title Title **DIRECTOR** FOX. KEVIN DR. FOX. GREG DR. Name Name

Address 7483 CORAL WAY BUILDING Address 7483 CORAL WAY BUILDING **SUITE #102** 

**SUITE #102** 

MIAMI FL 33155 City-State-Zip: MIAMI FL 33155 City-State-Zip:

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: DR. KEVIN FOX

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

04/30/2019

**FILED** Apr 30, 2019

**Secretary of State** 

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