## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L80138

(5)

SENIORS MEDICAL PLANS, INC.

3641 OAKS CLUBHOUSE DR #206 POMPANO BEACH FL 33069  3641 OAKS CLUBHOUSE DR #206 POMPANO BEACH FL 33069-3688  3. Date Incorporated or Qualified 3a	
3. Date Incorporated or Qualified 3a	
	. Date of Last Report 04/19/1996
2. Principal Place of Business 2a. Mailing Address 4. FE) Number	Applied For
21 65-0201036	Not Applicable
Suite, Apt #, etc.  Suite. Apt #, etc  5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
28 Trust Fund Contribution  Zip Country Zip Country R This correction has liability for integer	Added to Fees
29 Country B. This corporation has liability for intangent of the company of the	* <b></b>
9, Name and Address of Current Registered Agent 10. Name and Address of New Register	
GRONER, DAVID, C 81 Name	
3641 OAKS CLUBHOUSE DR 82 Street Address (P.O. Box Number is Not Acceptable)	THANK I I I I I I I I I I I I I I I I I I I
STE 206	
POMPANO BEACH FL 33069	
84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpor office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	se of changing its registered
CHOMIATURE.	
SIGNATURE Signature, typical or printed manusial registered agent and their applicately [NOTe: Represent Agent signature required when reinstating) DA	JE
Signature, types or proted name of registered agent and their application.  12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS	<del></del>
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6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if grantified, or on an attachment with an address.

SIGNATURE:

954-971-0235

**FILED** 

Jan 14 1997 8:00am

Secretary of State