## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # L80138** 1. Entity Name SENIORS MEDICAL PLANS, INC. 4-17-2001 90005 037 \*\*\*150.00 Principal Place of Business Mailing Address 3641 OAKS CLUBHOUSE DR #206 3641 OAKS CLUBHOUSE DR #206 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address 12458 CRYSTAL POINT DR. 12458 CRYSTAL POINT DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE j\_ City & State City & State 4. FEI Number Applied For 65-0201036 BOYNTON BEACH, FL Not Applicable BOYNTON BEACH, Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33437 PALM BEACH 33437 PALM BEACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRONER, DAVID, C GRONER, DAVID, C Street Address (P.O. Box Number is Not Acceptable) 12458 CRYSTAL POINT DR. 3641 OAKS CLUBHOUSE DR STE 206 POMPANO BEACH FL 33069 Zip Code 33437 BOYNTON BEACH 8. 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. 7-09-01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Delete TITLE TITLE PD NAME NAME GRONER, DAVID C. GRONER, DAVID, C STREET ADDRESS STREET ADDRESS 3641 OAKS CLUBHOUSE DR 12458 CRYSTAL POINT DR. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL BOYNTON BEACH, FL 33437 **X**Change Addition ☐ Delete TITLE TITLE NAME NAME GRONER, ANNE GRONER, ANNE STREET ADDRESS STREET ADDRESS 3641 OAKS CLUBHOUSE DR 12458 CRYSAL POINT DR. CITY-ST-ZIP CITY-ST-ZIE POMPANO BEACH FL BOYNTON BEACH, FL 33437 \_ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment wit ddress, with all other like empowered.

CITY-ST-ZIP

CITY-ST-7IP

X 4-09-01 561-637-3193

Daytime Phone #