

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90216 024 \*\*\*158.75

**DOCUMENT # P00000108980**



1. Entity Name  
**FIRST MEDICAL PLAN, INC.**

Principal Place of Business  
**80 SW 8TH ST, STE 2350  
MIAMI, FL 33130**

Mailing Address  
**80 SW 8TH ST, STE 2350  
MIAMI, FL 33130**

2. Principal Place of Business

3. Mailing Address



03312004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1060050**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **PVST** ☒ Delete  
NAME: **ANGEL, SPENCER**  
STREET ADDRESS: **80 SW 8TH ST, STE 2350**  
CITY-ST-ZIP: **MIAMI, FL 33130**

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
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STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP: **See attached.**

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Karen A Smith*

*Karen A Smith*

*4/26/04*

*305-350-7575*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

# P000000108980

**Additions/Changes to Officers and Directors in 11.**

Title	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Richard C. Pfenniger, Jr.		
Street Address	80 SW 8 <sup>th</sup> Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Patrick M. Healy		
Street Address	80 SW 8 <sup>th</sup> Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Luis H. Izquierdo		
Street Address	80 SW 8 <sup>th</sup> Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	T/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	Janet L. Holt		
Street Address	80 SW 8 <sup>th</sup> Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	V/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Karen A. Smith		
Street Address	80 SW 8 <sup>th</sup> Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Phillip Frost, M. D.		
Street Address	80 SW 8 <sup>th</sup> Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Jacob Nudel, M. D.		
Street Address	80 SW 8 <sup>th</sup> Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Robert Cresci		
Street Address	80 SW 8 <sup>th</sup> Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Neil Flanzraich		
Street Address	80 SW 8 <sup>th</sup> Street, Suite 2350		
City-St-Zip	Miami, FL 33130		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Marvin Strait		
Street Address	80 SW 8 <sup>th</sup> Street, Suite 2350		
City-St-Zip	Miami, FL 33130		