

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040115

FILED
May 14, 2004
Secretary of State

Entity Name: GMP HEALTH PLANS CONSULTING & MANAGEMENT, INC.

Current Principal Place of Business:

1400 N E 191ST STREET, #242
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1400 N E 191ST STREET, #242
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 65-1109941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLEIER, LIVIU
1878 CORAL WAY
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: BLEIER, LIVIU
Address: 1400 N E 191ST STREET, #242
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LIVIU BLEIER

DV

05/14/2004

Electronic Signature of Signing Officer or Director

Date