

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090628

FILED  
Jan 29, 2007  
Secretary of State

Entity Name: TROPICAL MEDICAL PLAN, INC.

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD., SUITE #470  
CORAL GABLES, FL 331461431

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 520864  
MIAMI, FL 33152

**New Mailing Address:**

FEI Number: 65-1137217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIRANDA, CARLOS  
4000 PONCE DE LEON BLVD., SUITE #470  
CORAL GABLES, FL 331461431 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: MIRANDA, CARLOS  
Address: 4562 NW 185 STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: V ( ) Delete  
Name: BECKER, RICARDO  
Address: 5005 SW 137 CT  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 Chapter 119, 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: CARLOS MIRANDA

PS

01/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date