

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090628

FILED
Sep 08, 2009
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

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: PS () Delete
Name: MIRANDA, CARLOS
Address: 4000 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: V () Delete
Name: MIRANDA, CARLOS
Address: 4000 PONCE DE LEON BLVD # 470
City-St-Zip: CORAL GABLES, FL 33146

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 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 A. MIRANDA

PS

09/08/2009

Electronic Signature of Signing Officer or Director

_____ Date