

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090628

FILED
Apr 27, 2011
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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: CARLOS A. MIRANDA

CEO

04/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date