

2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2012 JUN -4 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090628 1. Entity Name TROPICAL MEDICAL PLAN, INC.		
Principal Place of Business 4000 PONCE DE LEON BLVD. SUITE #470 CORAL GABLES, FL 33146-1431		Mailing Address PO BOX 520864 MIAMI, FL 33152
2. Principal Place of Business - No P.O. Box # 60 S.W. 63 Ave	3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI FL	City & State	4. FEI Number 65-1137217
Zip 33144	Country U.S.A.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MIRANDA, CARLOS 4000 PONCE DE LEON BLVD., SUITE #470 CORAL GABLES, FL 33146-1431		7. Name and Address of New Registered Agent Name MIRANDA, CARLOS Street Address (P.O. Box Number is Not Acceptable) 60 S.W. 63 AV City MIAMI FL 33144
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 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE May 31, 2012
FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PS NAME MIRANDA, CARLOS <input type="checkbox"/> Delete STREET ADDRESS 4000 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABLES, FL 33146	TITLE P <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME MIRANDA, CARLOS STREET ADDRESS 60 S.W. 63 AVE CITY-ST-ZIP MIAMI, FL 33144	
TITLE V <input type="checkbox"/> Delete NAME MIRANDA, CARLOS STREET ADDRESS 4000 PONCE DE LEON BLVD # 470 CITY-ST-ZIP CORAL GABLES, FL 33146	TITLE V <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME MIRANDA, CARLOS STREET ADDRESS 60 S.W. 63 AV CITY-ST-ZIP MIAMI, FL 33144	
TITLE <input type="checkbox"/> Delete NAME S. TONER <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 000235882470 STREET ADDRESS 06/04/12--01051--003 **\$150.00 CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		DATE 05/31/12 E-MAIL ADDRESS TROPICALMP@yahoo.com