

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-12-2003 90222 025 ***150.00

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1. Entity Name
TROPICAL MEDICAL PLAN, INC.



Principal Place of Business
4311 PALM AVE 2ND FLOOR
3
HIALEAH FL 33055

Mailing Address
PO BOX 520664
MIAMI FL 33152

44003565

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

651137217

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRANDA, CARLOS
4311 PALM AVE 2ND FLOOR
3
HIALEAH FL 33055

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$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
STREET ADDRESS 4562 NW 185 STREET
CITY-ST-ZIP MIAMI GARDENS FL 33055 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

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CITY-ST-ZIP Delete

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CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

June 03-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)