


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000058269 1. Entity Name MEDICARE SOLUTIONS PPO, INC.	
--	---

Principal Place of Business 1505 N.W. 167TH STREET SUITE 450 MIAMI, FL 33169	Mailing Address 1505 N.W. 167TH STREET SUITE 450 MIAMI, FL 33169
---	---

DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3670884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEAHY, ROBERT J
1505 N.W. 167TH STREET
SUITE 450
MIAMI, FL 33169

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEAHY, ROBERT J 1505 N.W. 167TH STREET, SUITE 450 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000340687
04/28/05-80127-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **ROBERT LEAHY** 4.27.05 305-614-0000