


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90190 025 ***150.00

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
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40066602



2. Principal Place of Business 801 E. HALLANDALE BEACH BLVD Suite, Apt. #, etc. 200 City & State HALLANDALE, FL Zip 33009 Country U.S.	3. Mailing Address 801 E. HALLANDALE BEACH BLVD Suite, Apt. #, etc. 200 City & State HALLANDALE, FL Zip 33009 Country U.S.
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04192006 Chg-P CR2E034 (11/05)

4. FEI Number 04-3670884	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEAHY, ROBERT J 1505 N.W. 167TH STREET SUITE 450 MIAMI, FL 33169	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 801 E. HALLANDALE BEACH BLVD. SUITE 200 City HALLANDALE FL Zip Code 33009
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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>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAHY, ROBERT J 1505 N.W. 167TH STREET, SUITE 450 MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 E. HALLANDALE BEACH BLVD, SUITE 200 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: 	ROBERT LEAHY	4/26/06	208414000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>