2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000058269

1. Entity Name
MEDICARE SOLUTIONS PPO, INC.

Principal Place of Business	Mailing Address
801 E. HALLANDALE BEACH BLVD 200 HALLANDALE, FL 33009	801 E. HALLANDALE BEACH BLVD 200 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

03272007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
04-3670884	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEAHY, ROBERT J
801 E. HALLANDALE BEACH BLVD
SUITE 200
HALLANDALE, FL 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 _____

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEAHY, ROBERT J
STREET ADDRESS	801 E. HALLANDALE BEACH BLVD, SUITE 200
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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04/13/07-80010-013 150.00

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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: _____ RJ Leahy _____ 3/30.7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #