


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90382 016 \*\*\*150.00

<b>DOCUMENT # P03000024415</b>		
1. Entity Name <b>PEOPLES HEALTH PLAN, INC.</b>		

Principal Place of Business <b>2151 W. HILLSBORO BLVD., STE. 102 DEERFIELD BEACH, FL 33442</b>	Mailing Address <b>2151 W. HILLSBORO BLVD., STE. 102 DEERFIELD BEACH, FL 33442</b>
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**50016161**



2. Principal Place of Business <b>4187 ARTESA DRIVE</b>	3. Mailing Address <b>4187 ARTESA DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04062006 Chg-P CR2E034 (11/05)

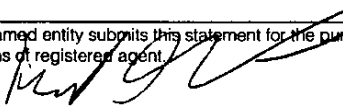
City & State <b>BOYNTON BEACH, FL</b>	City & State <b>BOYNTON BEACH, FL</b>
Zip <b>33436</b>	Zip <b>33436</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-1175685</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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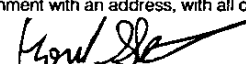
6. Name and Address of Current Registered Agent <b>SHECTER, HOWARD 4187 ARTESA DRIVE BOYNTON BEACH, FL 33436</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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: 	<b>HOWARD SHECTER</b>
Signature, typed or printed name of registered agent and title if applicable.	DATE: <b>4/20/06</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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	<b>P SHECTER, HOWARD 7492 SAN CLEMENTE PL BOCA RATON, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4187 ARTESA DRIVE BOYNTON BEACH, FL 33436</b> <input checked="" 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
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 all other like empowered.	
SIGNATURE: 	<b>HOWARD SHECTER</b> President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <b>4/20/06</b> Daytime Phone #: <b>561-703-6216</b>