2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005
Secretary of State

DOCUMENT# P03000068374

Entity Name: MEDICA HEALTHCARE PLANS, INC.

Current Principal Place of Business:

2801 PONCE DE LEON BLVD #1060
MIAMI, FL 33134

New Principal Place of Business:

4000 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL 33146

Current Mailing Address:

2801 PONCE DE LEON BLVD #1060
MIAMI, FL 33134

New Mailing Address:

4000 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL 33146

FEI Number: 01-0788576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, RAFAEL P
2801 PONCE DE LEON BOULEVARD
SUITE 1060
CORAL GABLES, FL 33134+ US

Name and Address of New Registered Agent:

PEREZ, RAFAEL P
4000 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL 33146+ US

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.

SIGNATURE: _____ 06/21/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PEREZ, RAFEAL
Address: 2801 PONCE DE LEON BLVD #1060
City-St-Zip: MIAMI, FL 33134

Title: T ( ) Delete
Name: PEREZ, MARTINDANO J
Address: 12224 SW 101 TERRACE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PEREZ, RAFEAL
Address: 4000 PONCE DE LEON BLVD. SUITE 650
City-St-Zip: CORAL GABLES, FL 33146

Title: T (X) Change ( ) Addition
Name: PEREZ, MARTINDANO J
Address: 4000 PONCE DE LEON BLVD. SUITE 650
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTINIANO J. PEREZ T 06/21/2005
Electronic Signature of Signing Officer or Director — Date