2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P03000068374

Entity Name: MEDICA HEALTHCARE PLANS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

PEREZ, MARTINIANO J
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: MARTINIANO PEREZ 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Delete
Name: HERNANDEZ, ALBERTO
Address: 2695 LEJEUNE ROAD, SUITE 300
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: SANTOS, GERARDO
Address: 2695 LEJEUNE ROAD, SUITE 300
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: CRUZ, ARMANDO
Address: 825 S.W. 87 AVENUE, SUITE 1
City-St-Zip: MIAMI, FL 33174

Title: D ( ) Delete
Name: HENRIQUES, ADOLFO
Address: 2855 SOUT LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 PEREZ CFO 04/15/2009
Electronic Signature of Signing Officer or Director Date