

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-19-2004 90001 023 ***150.00

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66431013



07022004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000072772					
1. Entity Name REAL VALUE HEALTH PLAN, INC.					
Principal Place of Business 2025 TYLER ST HOLLYWOOD, FL 33020			Mailing Address 2025 TYLER ST HOLLYWOOD, FL 33020		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 200013495	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COHN, ALAN B. 2021 TYLER ST HOLLYWOOD, FL 33020				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Rodriguez, Henry 2025 Tyler Street Hollywood, FL 33020 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Henry Rodriguez</i>			July 2, 2004 (954) 921-8533		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment
LAW OFFICES
ABRAMS ANTON P.A.

66431013
#P03000072772

Maynard Abrams
1916-1992

Mitchell D. Adler
Laurence I. Blair
Milton S. Blaut
Alan B. Cohn
Claudia Sanchez Fabrega
Maurice M. Garcia
Gene K. Glasser
William S. Kramer
Danielle L. Rosen

Paul B. Anton
1927-1981

Kenneth A. Rubin
Reuben M. Schneider
Peter R. Siegel
Marc Jay Tannen
Jack F. Weins
David Weisman

Of Counsel
Leonard Robbins
Stanley D. Gottsegen

2021 Tyler Street
Hollywood, Florida 33020

Correspondence To:
P.O. Box 229010, Hollywood, Florida 33022-9010

Telephone: (954) 921-5500
Facsimile: (954) 925-7013

Boca Raton & Delray: (561) 994-2212
North Broward: (954) 428-9800
Miami: (305) 940-8440

www.abramsanton.com

Boca Raton Office

One Boca Place - Suite 411E
2255 Glades Road
Boca Raton, Florida 33431-7383
Facsimile: (561) 997-8494
Palm Beaches: (561) 833-4710
(Direct To Boca Raton Office Only)

Reply To: Hollywood

File No.: RVHPI-0001

• Board Certified Tax Lawyer
• Board Certified Estate Planning
and Probate Lawyer
• Board Certified Real Estate Lawyer

• Member of D.C. Bar
• Member of N.Y. Bar
• Member of Ohio Bar

July 2, 2004

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, Florida 32301

Re: Real Value Health Plan, Inc.
Document No. P03000072772

Dear Sir/Madam:

Please be advised that the above referenced client did not receive notification from your office that the annual report was due. Enclosed for filing is the 2004 Annual Report and a check in the amount of \$150.00. Under the circumstances, it is respectfully requested that the late fee of \$400.00 be waived. If you are unable to comply with this request, please let me know.

Sincerely yours,

ALAN B. COHN

ABC/mv/Enclosures

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