

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90485 005 ***150.00

DOCUMENT # P03000075787 1. Entity Name US HEALTHCARE PLANS, INC.					
Principal Place of Business 5100 N FEDERAL HWY STE 409 FT LAUDERDALE, FL 33308				Mailing Address 5100 N FEDERAL HWY STE 409 FT LAUDERDALE, FL 33308	
2. Principal Place of Business 800 W. CYPRESS CREEK RD. <small>Suite, Apt. #, etc.</small> SUITE 470 <small>City & State</small> FORT LAUDERDALE, FL <small>Zip</small> 33309 <small>Country</small> USA		3. Mailing Address 800 W. CYPRESS CREEK RD. <small>Suite, Apt. #, etc.</small> SUITE 470 <small>City & State</small> FORT LAUDERDALE, FL <small>Zip</small> 33309 <small>Country</small> USA			
4. FEI Number 43-2022963				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04292005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LEGAL, LARRY 800 W. CYPRESS CREEK RD., STE 470 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent <small>Name</small> _____ <small>Street Address (P.O. Box Number is Not Acceptable)</small> _____ _____ <small>City</small> FL <small>Zip Code</small> _____		
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: <u><i>Larry Legal</i></u> <u><i>LARRY LEGAL</i></u> <u><i>4/30/5</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	DPTS KNASTER, HOWARD 800 W. CYPRESS CREEK RD., STE 470 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Howard Knaster</i></u> <u><i>HOWARD KNASTER, P</i></u> <u><i>4/30/5</i></u> <u><i>954 4938900</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					