

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123336

FILED
Jan 26, 2005
Secretary of State

Entity Name: LOWEST COST HEALTH PLAN, INC.

Current Principal Place of Business:

2758 W. ATLANTIC BLVD.
19
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2758 W. ATLANTIC BLVD.
19
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, RUTH ANN
405 HIGHWOOD CIRCLE
JUPITER, FL 33469 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: AUSTIN, RICHARD C JR.
Address: 10091 SW 1ST COURT
City-St-Zip: CORAL SPRINGS, FL 33069

Title: VP () Delete
Name: AUSTIN, JEAN A
Address: 10091 SW 1ST COURT
City-St-Zip: CORAL SPRINGS, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ZWERIN, LAWRENCE J
Address: 4957 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33067

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: RICHARD AUSTIN

PRES

01/26/2005

Electronic Signature of Signing Officer or Director

Date