

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000134074

1. Entity Name  
MEDICAL HEALTH PLANS OF AMERICA, INC.



FILED

04 JUL 13 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3750 NW 114TH AVENUE  
BAY ONE  
MIAMI, FL 33178 US

Mailing Address  
3750 NW 114TH AVENUE  
BAY ONE  
MIAMI, FL 33178 US

2. Principal Place of Business  
10400 NW 33 ST

3. Mailing Address  
10400 NW 33 ST

Suite, Apt. #, etc.  
Suite #230

Suite, Apt. #, etc.  
Suite #230

City & State  
Miami

City & State  
Miami

Zip  
33172

Country

Zip  
33172

Country

07122004

Chg-P

CR2E034 (10/03)

MRD

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PEREZ, RITA M  
3750 NW 114TH AVENUE  
BAY ONE  
MIAMI, FL 33178

## 7. Name and Address of New Registered Agent

Name Rita M. PEREZ (MAYING ONLY)  
Street Address (P.O. Box Number is Not Acceptable)

13244 SW 9 TERRACE

City Miami

FL

Zip Code 33184

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE PS  
NAME PEREZ, RITA M  
STREET ADDRESS 3750 NW 114TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33178 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000039535280  
07/26/04--01067--014 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #