

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000015365

FILED
Jan 26, 2006
Secretary of State

Entity Name: PROTECTIVE HEALTH PLANS INC.

Current Principal Place of Business:

5550 GLADES RD. SUITE 413
BOCA RATON, FL 33431

New Principal Place of Business:

4800 NORTH FEDERAL HIGHWAY
SUITE D108
BOCA RATON, FL 33431

Current Mailing Address:

5550 GLADES RD. SUITE 413
BOCA RATON, FL 33431

New Mailing Address:

4800 NORTH FEDERAL HIGHWAY
SUITE D108
BOCA RATON, FL 33431

FEI Number: 58-2683855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI, FL 33145 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: DPST () Delete
Name: SPINNER, IVAN
Address: 17115 AVENUE LE RIVAGE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: IVAN M SPINNER

MR

01/26/2006

Electronic Signature of Signing Officer or Director

Date