## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000059100

Entity Name: MEDICAL PLAN OF FLORIDA INC.

FILED Dec 07, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 20520 SW 115 RD. MIAMI, FL 33189 **Current Mailing Address: New Mailing Address:** 20520 SW 115 RD. MIAMI, FL 33189 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORALES, CARLOS A 20520 SW 115 RD. MIAMI, FL 33189 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: CARLOS MORALES Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MORALES, CARLOS A Name: Name: 20520 SW 115 RD. Address: Address: City-St-Zip: MIAMI, FL 33189 City-St-Zip: Title: Title: () Change () Addition () Delete Name: MORALES, VIVIAN M Name: 20520 SW 115 RD. Address: Address: MIAMI, FL 33189 City-St-Zip: City-St-Zip:

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: CARLOS MORALES **PRES** 12/07/2005