2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# P04000061375

Entity Name: FIRST MEDICAL HEALTH PLAN USA, CORP.

Current Principal Place of Business:

13399 SW 131 ST
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13399 SW 131 ST
MIAMI, FL 33186

New Mailing Address:

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

Name and Address of Current Registered Agent:

FIRST MEDICAL HEALTH PLAN USA CORP.
13399 SW 131 ST
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

HOOVER, BEVERLY A
13399 SW 131 ST
MIAMI, FL 33186 US

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: BEVERLY A. HOOVER 09/06/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARTAU, EDUARDO
Address: 13399 SW 131 ST
City-St-Zip: MIAMI, FL 33186

Title: V ( ) Delete
Name: COSTA, HIPOLITO V
Address: 13399 SW 131 ST
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: HOOVER, BEVERLY A
Address: 13399 SW 131 ST
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: BEVERYLY A. HOOVER D 09/06/2005
Electronic Signature of Signing Officer or Director Date