

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090529

Entity Name: USA HEALTHCARE PLANS, INC.

FILED
Jun 28, 2005
Secretary of State

Current Principal Place of Business:

4700 N STATE ROAD 7
208
FT LAUDERDALE, FL 33319

New Principal Place of Business:

1600 BLUE JAY CIRCLE
WESTON, FL 33327

Current Mailing Address:

4700 N STATE ROAD 7
208
FT LAUDERDALE, FL 33319

New Mailing Address:

1600 BLUE JAY CIRCLE
WESTON, FL 33327

FEI Number: 20-1255631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTMAN, STUART
4700 N STATE ROAD 7
208
FT LAUDERDALE, FL 33319 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

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:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: SLAKMAN, JOEL
Address: 1600 BLUE JAY CIRCLE
City-St-Zip: WESTON, FL 33327

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: JOEL SLAKMAN

PRES

06/28/2005

Electronic Signature of Signing Officer or Director

Date