2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# P04000131709

Entity Name: SUNCOAST PHYSICIANS HEALTH PLAN, INC.

Current Principal Place of Business:

2900 N. GLADES CIRCLE
SUITE 250
WESTON, FL 33327

New Principal Place of Business:

2900 N. GLADES CIRCLE
SUITE 1400
WESTON, FL 33327

Current Mailing Address:

2900 N. GLADES CIRCLE
SUITE 250
WESTON, FL 33327

New Mailing Address:

2900 N. GLADES CIRCLE
SUITE 1400
WESTON, FL 33327

FEI Number: 74-3130834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROMANELLO PROFESSIONAL ASSOCIATION
11555 HERON BAY BOULEVARD
SUITE 200
CORAL SPRINGS, FL 33076 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: P ( ) Delete
Name: CASE, WAYNE
Address: 8000 NW 155TH STREET
City-St-Zip: HIALEAH, FL 33016

Title: T ( ) Delete
Name: PEREZ, GERARDO
Address: 777 EAST 25TH STREET
City-St-Zip: HIALEAH, FL 33013

Title: CEO ( ) Delete
Name: GRAUBERT, ALAN S M.D.
Address: 2900 N. GLADES CIRCLE, SUITE 250
City-St-Zip: WESTON, FL 33327

Title: VS ( ) Delete
Name: FELDMAN, KENNETH A
Address: 2900 N. GLADES CIRCLE, SUITE 250
City-St-Zip: WESTON, FL 33327

Title: VD ( ) Delete
Name: LEON, GUSTAVO
Address: 7841 SW 56TH STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CEO (X) Change ( ) Addition
Name: GRAUBERT, ALAN S M.D.
Address: 2900 N. GLADES CIRCLE, SUITE 1400
City-St-Zip: WESTON, FL 33327

Title: VS (X) Change ( ) Addition
Name: FELDMAN, KENNETH A
Address: 2900 N. GLADES CIRCLE, SUITE 1400
City-St-Zip: WESTON, FL 33327

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: WAYNE CASE P 04/30/2006

Electronic Signature of Signing Officer or Director — Date