

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022853

FILED
Jan 05, 2007
Secretary of State

Entity Name: PARTNERCARE HEALTH PLAN, INC.

Current Principal Place of Business:

5501 W WATERS AVE
STE 401
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

5501 W WATERS AVE
SUITE 401
TAMPA, FL 33624

New Mailing Address:

FEI Number: 13-4293648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
401 E. JACKSON STREET
SUITE 1700
TAMPA, FL 33602 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: PTD () Delete
Name: WHITNEY, TODD W
Address: 5501 W WATERS AVE SUITE 401
City-St-Zip: TAMPA, FL 33634

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: LUGO, CARLOS PRESIDE
Address: 5501 W WATERS AVE SUITE 401
City-St-Zip: TAMPA, FL 33634

Title: CEO () Change (X) Addition
Name: MARRERO, ANTONIO CEO
Address: 5501 W. WATERS AVE SUITE 401
City-St-Zip: TAMPA, FL 33634

Title: CFO () Change (X) Addition
Name: ESPARRA, JOSE CFO
Address: 5501 W WATERS AVE SUITE 401
City-St-Zip: TAMPA, FL 33634

Title: CMO () Change (X) Addition
Name: CRESPO, ABNEL CMO
Address: 5501 W WATERS AVE SUITE 401
City-St-Zip: TAMPA, FL 33634

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: ANDREINA RAMIREZ

MGR

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date