

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038718

FILED
Apr 28, 2006
Secretary of State

Entity Name: PHYSICIANS UNITED PLAN, INC.

Current Principal Place of Business:

C/O DANIEL KOLLEFRATH
1124 1ST STREET SOUTH
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

C/O DANIEL KOLLEFRATH
1124 1ST STREET SOUTH
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 20-2505788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLLEFRATH, J. DANIEL
1124 1ST STREET SOUTH
WINTER HAVEN, FL 33880 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: PSTD () Delete
Name: KOLLEFRATH, J. DANIEL
Address: 1124 1ST ST. SOUTH
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: J. DANIEL KOLLEFRATH

PSTD

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date