

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038718

FILED
Jan 10, 2007
Secretary of State

Entity Name: PHYSICIANS UNITED PLAN, INC.

Current Principal Place of Business:

6220 SOUTH ORANGE BLOSSOM TRAIL, SUITE 199
ORLANDO, FL 328094627

New Principal Place of Business:

6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 199
ORLANDO, FL 328094627

Current Mailing Address:

6220 SOUTH ORANGE BLOSSOM TRAIL, SUITE 199
ORLANDO, FL 328094627

New Mailing Address:

6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 199
ORLANDO, FL 328094627

FEI Number: 20-2505788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOLLEFRATH, J. DANIEL
6220 SOUTH ORANGE BLOSSOM TRAIL, SUITE 199
ORLANDO, FL 328094627 US

Name and Address of New Registered Agent:

KOLLEFRATH, J. DANIEL
6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 199
ORLANDO, FL 328094627 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: J. DANIEL KOLLEFRATH

01/10/2007

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: PSTD (X) Change () Addition
Name: KOLLEFRATH, J. DANIEL
Address: 6220 SOUTH ORANGE BLOSSOM TRAIL, SUITE 199
City-St-Zip: ORLANDO, FL 32809

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

01/10/2007

Electronic Signature of Signing Officer or Director

Date