2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# P05000038718

Entity Name: PHYSICIANS UNITED PLAN, INC.

Current Principal Place of Business:

483 NORTH SEMORAN BLVD.
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

483 NORTH SEMORAN BLVD.
WINTER PARK, FL 32792

New Mailing Address:

P.O. BOX 4906
WINTER PARK, FL 32793

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
483 NORTH SEMORAN BLVD.
WINTER PARK, FL 32792 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: 6220 SOUTH ORANGE BLOSSOM TRAIL, SUITE 199
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: KOLLEFRATH, J. DANIEL
Address: 483 NORTH SEMORAN BLVD.
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify 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 02/26/2008

Electronic Signature of Signing Officer or Director — Date