

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000038718

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** PHYSICIANS UNITED PLAN, INC.

**Current Principal Place of Business:**

483 NORTH SEMORAN BLVD.  
SUITE 203  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4906  
WINTER PARK, FL 32793

**New Mailing Address:**

**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, JAMES D  
483 NORTH SEMORAN BLVD.  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

KOLLEFRATH, JAMES D  
483 NORTH SEMORAN BLVD.  
SUITE 203  
WINTER PARK, FL 32792 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/01/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SVP  
Name: KOLLEFRATH, JAMES D  
Address: 483 NORTH SEMORAN BLVD. SUITE 203  
City-St-Zip: WINTER PARK, FL 32792

Title: CEO  
Name: SATTIAUR, IMTIAZ H  
Address: 483 NORTH SEMORAN BLVD. SUITE 203  
City-St-Zip: WINTER PARK, FL 32792

Title: VP  
Name: TURRELL, MICHAEL F  
Address: 483 NORTH SEMORAN BLVD. SUITE 203  
City-St-Zip: WINTER PARK, FL 32792

I hereby 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 all other like empowered.

SIGNATURE: J. DANIEL KOLLEFRATH

SVP

02/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date