

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121690

FILED  
Jul 14, 2007  
Secretary of State

**Entity Name:** MEDICA HEALTH PLANS OF FLORIDA, INC.

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD SUITE 650  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4000 PONCE DE LEON BLVD SUITE 650  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 20-3391186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEREZ, MARTINIANO  
4000 PONCE DE LEON BLVD SUITE 650  
CORAL GABLES, FL 33146 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: MR ( ) Delete  
Name: PEREZ, MARTINIANO J  
Address: 4000 PONCE DE LEON BLVD. SUITE 650  
City-St-Zip: CORAL GABLES, FL 33146

**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 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: MARTINIANO PEREZ

MR.

07/14/2007

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

\_\_\_\_\_ Date