2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031037

Entity Name: HEALTH PLAN ALTERNATIVES, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	122ND TERRAC PRINGS, FL 330				
Current M	lailing Address:	:	New Mailing Address	s:	
	122ND TERRAC PRINGS, FL 330				
FEI Number	: 20-4412730	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent	: Name and Address o	and Address of New Registered Agent:	
861 SW 78 SUITE 200	HAL, JANIS LES BTH AVENUE) ION, FL 33324 L				
	named entity su e of Florida.	bmits this statement for t	he purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Registered	Agent	Date	
Election Car	npaign Financing T	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DCEO () D HERRERA, CARL 6180 NW 122ND CORAL SPRINGS	OS M TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () D RUIZ, BARBARA 6180 NW 122ND CORAL SPRINGS	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CARLOS M. HERRERA DCEO 04/27/2007