

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156221

FILED
Sep 09, 2008
Secretary of State

Entity Name: FIRST MEDICAL HEALTH PLAN OF FLORIDA, INC.

Current Principal Place of Business:

5959 N.W. 7TH STREET
MIAMI, FL 33126 US

New Principal Place of Business:

5960 NW 7TH STREET
MIAMI, FL 33126 US

Current Mailing Address:

P.O. BOX 260308
MIAMI, FL 33126 US

New Mailing Address:

PO BOX 191580
SAN JUAN, PR 00919

FEI Number: 20-8095357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B & C CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD
21ST FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

B & C CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD
ONE BISCAYNE TOWER, 21ST FLOOR
MIAMI, FL 33131 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: GISELA FASCO

09/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SERRANO, PATRICIA
Address: P.O. BOX 2087
City-St-Zip: ARECIBO, PR 00613

Title: VT () Delete
Name: ARTAU-GOMEZ, EDUARDO
Address: P.O. BOX 2087
City-St-Zip: ARECIBO, PR 00613

Title: S () Delete
Name: FELICIANO-VARGAS, CARMEN
Address: P.O. BOX 2087
City-St-Zip: ARECIBO, PR 00613

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ARTAU-GOMEZ, EDUARDO
Address: P.O. BOX 2087
City-St-Zip: ARECIBO, PR 00613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: DOMINGUEZ, JUAN L
Address: PO BOX 191580
City-St-Zip: SAN JUAN, PR 00919

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: PATRICIA SERRANO

P

09/09/2008

Electronic Signature of Signing Officer or Director

Date