

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156221

FILED  
Mar 24, 2009  
Secretary of State

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

## Current Principal Place of Business:

5960 NW 7TH STREET  
MIAMI, FL 33126 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 191580  
SAN JUAN, PR 00919

## New Mailing Address:

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  
ONE BISCAYNE TOWER, 21ST FLOOR  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

B & C CORPORATE SERVICES, INC.  
2 SOUTH BISCAYNE BOULEVARD  
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

03/24/2009

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: VP ( ) 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 191580  
City-St-Zip: ARECIBO, PR 00613

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PATRICIA SERRANO

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date