

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000092482

FILED
Jul 17, 2009
Secretary of State

Entity Name: CARENET DISCOUNT MEDICAL PLAN INC.

Current Principal Place of Business:

10300 SW 216TH STREET
MIAMI, FL 33190

New Principal Place of Business:

Current Mailing Address:

1395 BRICKELL AVE., 14TH FLOOR-DEK
MIAMI, FL 33131

New Mailing Address:

1395 BRICKELL AVENUE
14TH FLOOR-DEK
MIAMI, FL 33131

FEI Number: 26-0732977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUBIT, DONALD E
1395 BRICKELL AVE., 14TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

KUBIT, DONALD E
1395 BRICKELL AVENUE
14TH 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:

07/17/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARTLEY, BRODES H JR.
Address: 10300 SW 216TH STREET
City-St-Zip: MIAMI, FL 33190

Title: T () Delete
Name: ST. LOUIS, SEAN
Address: 10300 SW 216TH STREET
City-St-Zip: MIAMI, FL 33190

Title: S () Delete
Name: DUNCAN, MARILYN T
Address: 10300 SW 216TH STREET
City-St-Zip: MIAMI, FL 33190

Title: D () Delete
Name: YOUNG, DAVID SR.
Address: 10300 SW 216TH STREET
City-St-Zip: MIAMI, FL 33190

Title: D () Delete
Name: TORRENS, LUIS M
Address: 10300 SW 216TH STREET
City-St-Zip: MIAMI, FL 33190

Title: AS () Delete
Name: WINDSOR, NATALIE
Address: 10300 SW 216TH STREET
City-St-Zip: MIAMI, FL 33190

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:

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: BRODES H. HARTLEY, JR.

P

07/17/2009

Electronic Signature of Signing Officer or Director

Date