

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000030377

FILED
Apr 10, 2009
Secretary of State

Entity Name: FLORIDA HEALTH CARE PLAN-PROVIDER OPTION, INC.

Current Principal Place of Business:

1340 RIDGEWOOD AVE
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

1340 RIDGEWOOD AVE
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 59-3187311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, EDWARD F JR.
350 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

SIMPSON, EDWARD F JR.
1340 RIDGEWOOD AVE
HOLLY HILL, FL 32117 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:

04/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SIMPSON, EDWARD F JR.
Address: 350 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL

Title: V () Delete
Name: WILLIAMS, DAVID. L M.D.
Address: 350 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BCH., FL

Title: CFOS () Delete
Name: SCHANDEL, DAVID C.
Address: 350 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BCH., FL

Title: P () Delete
Name: MYERS, WENDY A MD
Address: 350 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL

Title: T (X) Delete
Name: SCHANDEL, DAVID
Address: 350 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BCH., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SIMPSON, EDWARD F JR.
Address: 1340 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117 US

Title: VP (X) Change () Addition
Name: WILLIAMS, DAVID. L M.D.
Address: 1340 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117 US

Title: CFOS (X) Change () Addition
Name: SCHANDEL, DAVID C.
Address: 1340 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117 US

Title: P (X) Change () Addition
Name: MYERS, WENDY A MD
Address: 1340 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117 US

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: DAVID C. SCHANDEL

CFOS

04/10/2009

Electronic Signature of Signing Officer or Director

Date