

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90015 046 ***158.75

DOCUMENT # P94000082876

1. Entity Name
VISTA INSURANCE PLAN, INC.



Principal Place of Business
**300 SOUTH PARK RD.
 HOLLYWOOD, FL 33021 US**

Mailing Address
**300 SOUTH PARK RD.
 HOLLYWOOD, FL 33021 US**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0545388** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, GERALD M ESQ
 300 S. PARK RD
 HOLLYWOOD, FL 33021**

**DO NOT WRITE
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PDCE
 NAME BERDING, R. JOSEPH
 STREET ADDRESS 300 S. PARK RD
 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE AT
 NAME KING, FELICIA
 STREET ADDRESS 300 S PARK DR.
 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE TD
 NAME GARCIA, LEONARDO F
 STREET ADDRESS 300 S. PARK RD
 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE SD
 NAME COHEN, GERALD M
 STREET ADDRESS 300 S. PARK RD.
 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE CD
 NAME SCOTT, STEVEN M MD
 STREET ADDRESS 300 SOUTH PARK RD.
 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D
 NAME HOGAN, JAMES
 STREET ADDRESS 300 S. PARK RD HWD
 CITY-ST-ZIP HOLLYWOOD, FL 33021

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or of an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

Date

954-986-6205

Daytime Phone #