


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90067 028 ***150.00

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
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40037447



2. Principal Place of Business - No P.O. Box # 1340 Concord Terrace	3. Mailing Address 1340 Concord Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Sunrise, FL	City & State Sunrise, FL
Zip 33323	Country

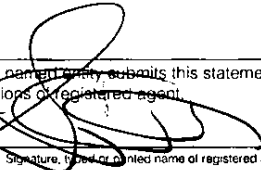
01092007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0545388	Applied For Not Applicable
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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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1340 Concord Terrace City Sunrise FL Zip Code 33323
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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:  Gerald M. Cohen 2/21/07
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLIS, BERTRAM E MD 300 S. PARK RD HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1340 Concord Terrace Sunrise, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FOR ALL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KING, FELICIA 300 S PARK DR. HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Gerald M. Cohen 1340 Concord Terrace Sunrise, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, LEONARDO F 300 S. PARK RD HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Leonardo Garcia 1340 Concord Terrace Sunrise, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, CHASE M 300 S. PARK RD. HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marcel Gamache 1340 Concord Terrace Sunrise, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCOTT, STEVEN M MD 300 SOUTH PARK RD. HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Buncher 1340 Concord Terrace Sunrise, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, JAMES 300 S. PARK RD HWD HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Driscoll 1340 Concord Terrace Sunrise, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Gerald M. Cohen, Sec. 2/21/07 800-422-7355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #