

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104814

Entity Name: PROMEDICAL PLAN PHC, INC.

FILED
Mar 17, 2006
Secretary of State

Current Principal Place of Business:

8751 WEST BROWARD BLVD.
SUITE #200
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8751 WEST BROWARD BLVD.
SUITE #200
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0888541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: MUSLERA, MARCELO
Address: 8751 WEST BROWARD BLVD., STE. 200
City-St-Zip: PLANTATION, FL 33324

Title: PD () Delete
Name: VOLOSIN, JOSE
Address: 8751 WEST BROWARD BLVD., STE. 200
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOSE VOLOSIN

PD

03/17/2006

Electronic Signature of Signing Officer or Director

Date