2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000052140

1. Entity Name
PROMEDICAL PLAN, INC.

Principal Place of Business	Mailing Address
8751 WEST BROWARD BLVD. SUITE 200 PLANTATION, FL 33324	8751 WEST BROWARD BLVD. SUITE 200 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

03072005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0928628
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VOLOSIN, JOSE
8751 W. BROWARD BLVD., STE. 200
PLANTATION, FL 33324

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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 _____
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	STD
NAME	MUSLERA, MARCELO
STREET ADDRESS	8751 WEST BROWARD BLVD., STE. 300
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	PD
NAME	VOLOSIN, JOSE
STREET ADDRESS	8751 WEST BROWARD BLVD., STE. 300
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: MARCELO MUSLERA 03.07.05 (954)718-5864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DIRECTOR