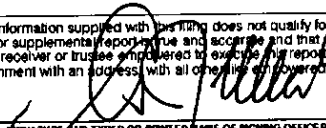


FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90071 036 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P99000052140					
1. Entity Name PROMEDICAL PLAN, INC.					
Principal Place of Business 8333 WEST MCNAB ROAD SUITE 116 TAMARAC, FL 33321			Mailing Address PO BOX 8622 CORAL SPRINGS, FL 33031		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 65-0928628	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent NEIRA, GABRIEL R. 8333 WEST MCNAB ROAD SUITE 116 TAMARAC, FL 33321			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
FILE NOW! FEES: \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State					
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 information.					
SIGNATURE:  03/20/03 (924) 7185814					