

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90086 038 ***150.00

DOCUMENT # S30340

1. Entity Name

ST. JOHN MEDICAL PLANS, INC.

Principal Place of Business

Mailing Address

7200 N.W. 19 STREET, STE 110
 MIAMI FL 33126
 US

7200 N.W. 19 STREET, STE 110
 MIAMI FL 33126-1211
 US

2. Principal Place of Business

3. Mailing Address

162 NW 29 ST
 Suite, Apt. #, etc.

162 NW 29 ST
 Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0264805

Applied For

Not Applicable

Zip

Country

33127 USA

Zip

Country

33127 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSTONE, ESQ., JAMES V
 7200 N.W. 19 STREET, STE 110
 MIAMI FL 33126

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

162 NW 29 ST

City

MIAMI

FL

Zip Code

33127

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	S CRUZ PERAZA, MIGUEL A 7200 N.W. 19 STREET, STE 110 MIAMI FL 33126	NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	P RILEY, MICHAEL S 7200 N.W. 19 STREET, STE 110 MIAMI FL 33126	NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MIGUEL A. CRUZ-PERAZA, SECRETARY 4-17-00 305-573-6210

0514 (9/93)

11

11