

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # S43240
 1. Entity Name
GROUP HEALTH PLANS OF FLA., INC.



Principal Place of Business: **5870 SW 36 TERRACE FT. LAUDERDALE, FL 33312 US**
 Mailing Address: **5870 S.W. 36 TERRACE FT. LAUDERDALE, FL 33312 US**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number: **65-0251797** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MARANT, LINDA B.
 5870 SW 36 TERRACE
 FT. LAUDERDALE, FL 33312**

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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 the applicable. NOTE: Registered Agent signature required when applicable. 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 NAME STREET ADDRESS CITY ST ZIP	DPST MARANT, LINDA B. 5870 SW 36TH TERR. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	

000000173134
 01/07/05-80006-010 150.00
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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)(c), 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 I 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: *Linda B. Marant* **Linda B. Marant, Pres. 1/4/05 (954) 986-2550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY MO PHONE N