

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058220

FILED
Apr 20, 2012
Secretary of State

Entity Name: HEALTHSPRING OF FLORIDA, INC.

Current Principal Place of Business:

11401 SOUTHWEST 40 STREET
STE. 400
MIAMI, FL 33165 US

New Principal Place of Business:

9009 CAROTHERS PKWY
SUITE 510
FRANKLIN, TN 37067 US

Current Mailing Address:

11401 SOUTHWEST 40 STREET
STE. 400
MIAMI, FL 33165 US

New Mailing Address:

9009 CAROTHERS PKWY
SUITE 510
FRANKLIN, TN 37067 US

FEI Number: 65-1129599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: MIRT, MICHAEL G
Address: 9009 CAROTHERS PARKWAY, SUITE 501
City-St-Zip: FRANKLIN, TN 37067

Title: PRES
Name: MAURY, ALBERT R
Address: 9009 CAROTHERS PARKWAY, SUITE 501
City-St-Zip: FRANKLIN, TN 37067

Title: CFO
Name: WARREN, FRANKLIN S
Address: 9009 CAROTHERS PARKWAY, SUITE 501
City-St-Zip: FRANKLIN, TN 37067

Title: VP
Name: TULLOCH, MARK A
Address: 9009 CAROTHERS PARKWAY, SUITE 501
City-St-Zip: FRANKLIN, TN 37067

Title: TRE
Name: MCCULLOUGH, BRIAN T
Address: 9009 CAROTHERS PARKWAY, STE.501
City-St-Zip: FRANKLIN, TN 37067

I hereby 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 all other like empowered.

SIGNATURE: MARK ANDREW TULLOCH

VP

04/20/2012

Electronic Signature of Signing Officer or Director

Date