

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000075668

FILED
Feb 17, 2011
Secretary of State

Entity Name: SIMPLY HEALTHCARE PLANS, INC.

Current Principal Place of Business:

2121 PONCE DE LEON BOULEVARD
SUITE 500
CORAL GABLES, FL 33134

New Principal Place of Business:

1701 PONCE DE LEON BLVD,
SUITE 300
CORAL GABLES, FL 33134

Current Mailing Address:

C/O MARTIN G. BURKETT, AKERMAN SENTERFITT
ONE SE THRID AVE 25TH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 27-0945036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE
TALLAHASSEE, FL 32301 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: PD
Name: FERNANDEZ, MICHAEL B PRES
Address: 2121 PONCE DE LEON BOULEVARD SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: COO
Name: JIMENEZ, PETER L COO
Address: 2121 PONCE DE LEON BOULEVARD SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: VS
Name: RICO, JORGE L VP/SEC
Address: 2121 PONCE DE LEON BOULEVARD SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: VTD
Name: CABRERA, MARCIO C VP/T
Address: 2121 PONCE DE LEON BOULEVARD SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

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: HOLLY PRINCE

CFO

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date