

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058220

Entity Name: HEALTHSPRING OF FLORIDA, INC.

Current Principal Place of Business:

9009 CAROTHERS PKWY
SUITE 510
FRANKLIN, TN 37067

Current Mailing Address:

9009 CAROTHERS PKWY
SUITE 510
FRANKLIN, TN 37067 US

FEI Number: 65-1129599

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title CHAIRMAN, CEO, DIRECTOR,
PRESIDENT
Name MAURY, ALBERT R
Address 9009 CAROTHERS PARKWAY, SUITE
501
City-State-Zip: FRANKLIN TN 37067

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

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

Title TREASURER
Name MCCULLOUGH, BRIAN T
Address 9009 CAROTHERS PARKWAY,
STE.501
City-State-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 A TULLOCH

SECRETARY

04/18/2013

Electronic Signature of Signing Officer/Director Detail

Date