2015 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

FILED Apr 20, 2015

Secretary of State

CC6434188848

Officer/Director Detail:

501

Title CHAIRMAN, CEO, DIRECTOR, Title

PRESIDENT WARREN, FRANKLIN S Name

CFO

Name MAURY, ALBERT R Address 9009 CAROTHERS PARKWAY, SUITE

Address 9009 CAROTHERS PARKWAY, SUITE

Name

City-State-Zip:

FRANKLIN TN 37067 FRANKLIN TN 37067 City-State-Zip:

Title **TREASURER** Title ٧P

MCCULLOUGH, BRIAN T TULLOCH, MARK A Name

9009 CAROTHERS PARKWAY. Address 9009 CAROTHERS PARKWAY, SUITE Address STE.501

FRANKLIN TN 37067 City-State-Zip: FRANKLIN TN 37067 City-State-Zip:

Title **SECRETARY** Title

TULLOCH, MARK ANDREW Name MARILL-KILPATRICK, MERCY Name

9009 CAROTHERS PKWY Address Address

9009 CAROTHERS PKWY **SUITE 510** SUITE 510

FRANKLIN TN 37067 City-State-Zip: FRANKLIN TN 37067 City-State-Zip:

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.

04/20/2015 SIGNATURE: MARK ANDREW TULLOCH SECRETARY