

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000060698

**Entity Name:** A-1 BENEFIT CONSULTANTS, INC.

**Current Principal Place of Business:**

3829 COCONUT PALM DRIVE  
TAMPA, FL 33619

**Current Mailing Address:**

3829 COCONUT PALM DRIVE  
TAMPA, FL 33619

**FEI Number:** 35-2207077

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARRINGTON, THOMAS DJR  
3829 COCONUT PALM DRIVE  
TAMPA, FL 33619 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           | PD                      | Title           | VP                     |
| Name            | KLINGHOFFER, MEL        | Name            | HARRINGTON, THOMAS DJR |
| Address         | 3829 COCONUT PALM DR    | Address         | 3829 COCONUT PALM DR   |
| City-State-Zip: | TAMPA FL 33619          | City-State-Zip: | TAMPA FL 33619         |
|                 |                         |                 |                        |
| Title           | S                       |                 |                        |
| Name            | ALFONSO, ANA B          |                 |                        |
| Address         | 3829 COCONUT PALM DRIVE |                 |                        |
| City-State-Zip: | TAMPA FL 33619          |                 |                        |

*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:** ANA B. ALFONSO

**SECRETARY**

**04/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date