

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000075668

**FILED**  
**Jan 24, 2013**  
**Secretary of State**  
**CC6455964821**

**Entity Name:** SIMPLY HEALTHCARE PLANS, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 27-0945036

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC  
11380 PROSPERITY FARMS  
ROAD #221E  
PALM BEACH GARDENS, FL 33410 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           VSD  
Name           RICO, JORGE LVP/SEC  
Address        1701 PONCE DE LEON BLVD, SUITE  
                  300  
City-State-Zip: CORAL GABLES FL 33134

Title           D, TREASURER  
Name           CABRERA, MARCIO C  
Address        1701 PONCE DE LEON BLVD, SUITE  
                  300  
City-State-Zip: CORAL GABLES FL 33134

Title           CEOP  
Name           RIVAS, LOURDES  
Address        1701 PONCE DE LEON BLVD, SUITE  
                  300  
City-State-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:** LOURDES RIVAS

**PRESIDENT**

**01/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date