

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000007328

Entity Name: CHOICE BENEFITS, INC.**Current Principal Place of Business:**9007 BRITTANY WAY
TAMPA, FL 33619**Current Mailing Address:**9007 BRITTANY WAY
TAMPA, FL 33619 US**FEI Number: 27-4614492****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONA, GARY R
9007 BRITTANY WAY
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	VP
Name	CONA, GARY R
Address	9007 BRITTANY WAY
City-State-Zip:	TAMPA FL 33619

Title	OFFICER
Name	HARPER, STEVEN
Address	9007 BRITTANY WAY
City-State-Zip:	TAMPA FL 33619

Title	DIRECTOR, PRESIDENT
Name	CABRERA, EUGENE
Address	9007 BRITTANY WAY
City-State-Zip:	TAMPA FL 33619

Title	DIRECTOR, SECRETARY
Name	GOLDBLATT, STUART
Address	9007 BRITTANY WAY
City-State-Zip:	TAMPA FL 33619

Title	DIRECTOR
Name	HOOD, BENJAMIN
Address	9007 BRITTANY WAY
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: EUGENE CABRERA**PRESIDENT****04/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date