

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000099534

**Entity Name:** AFFORDABLE CARE GAP PLAN, INC.

**Current Principal Place of Business:**

4114 SUNBEAM ROAD  
101  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

4114 SUNBEAM ROAD, #101  
JACKSONVILLE, FL 32257 US

**FEI Number:** 45-3823555

**Certificate of Status Desired:** No

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

SPADAFORA, JEFFREY L  
4114 SUNBEAM ROAD  
101  
JACKSONVILLE, FL 32257 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 V  
Name SPADAFORA, XIOMARA  
Address 4114 SUNBEAM ROAD, #101  
City-State-Zip: JACKSONVILLE FL 32257

Title D  
Name HULL, RON  
Address 4114 SUNBEAM ROAD, #101  
City-State-Zip: JACKSONVILLE FL 32257

Title D  
Name HULL, PATRICIA  
Address 4114 SUNBEAM ROAD, #101  
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR  
Name CIGLIANO, RALPH  
Address 4114 SUNBEAM ROAD, #101  
City-State-Zip: JACKSONVILLE FL 32257

Title PS  
Name SPADAFORA, JEFFREY L  
Address 4114 SUNBEAM ROAD, #101  
City-State-Zip: JACKSONVILLE FL 32257

*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:** XIOMARA SPADAFORA

**VP OF MARKETING**

**01/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date