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

Electronic Signature of Signing Officer/Director Detail

Feb 12, 2014 Secretary of State CC9662156858

Date

Certificate of Status Desired: No

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:

101

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	V	Title	D
Name	SPADAFORA, XIOMARA	Name	HULL, RON
Address	4114 SUNBEAM ROAD, #101	Address	4114 SUNBEAM ROAD, #101
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257
Title	D	Title	DIRECTOR
Name	HULL, PATRICIA	Name	CIGLIANO, RALPH
Address	4114 SUNBEAM ROAD, #101	Address	4114 SUNBEAM ROAD, #101
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257

02/12/2014

Date

FILED

## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000099534

Entity Name: AFFORDABLE CARE GAP PLAN, INC.

Name and Address of Current Registered Agent:

**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

JACKSONVILLE, FL 32257 US

SPADAFORA, JEFFREY L 4114 SUNBEAM ROAD