

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001095

Entity Name: ALLIANCE HEALTHCARD OF FLORIDA, INC.

Current Principal Place of Business:

200 E RANDOLPH ST
CHICAGO, IL 60601

Current Mailing Address:

200 E RANDOLPH ST
CHICAGO, IL 60601 US

FEI Number: 20-2298427

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT
Name DENISON, BRADLEY W
Address 200 E RANDOLPH ST
City-State-Zip: CHICAGO IL 60601

Title SECRETARY, VP, DIRECTOR
Name JOHNSON, MARY MOORE
Address 200 E RANDOLPH ST
City-State-Zip: CHICAGO IL 60601

Title TREASURER, VP
Name HAGY, PAUL A
Address 200 E RANDOLPH ST
City-State-Zip: CHICAGO IL 60601

Title ASST. VP, DIRECTOR, ASST.
SECRETARY
Name LEY, MICHELLE S
Address 200 E RANDOLPH ST
City-State-Zip: CHICAGO IL 60601

Title CHIEF FINANCIAL OFFICER
Name SOVICH , PATRICIA A.
Address 12011 NE 1ST STREET
SUITE 100
City-State-Zip: BELLEVUE WA 98005

Title CHIEF EXECUTIVE OFFICER
Name DENISON, BRADLEY W.
Address 200 E RANDOLPH ST
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR
Name LEE, ROBERT E. III
Address 200 E RANDOLPH ST
City-State-Zip: CHICAGO IL 60601

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: MICHELLE S. LEY

**ASSISTANT VICE
PRESIDENT**

05/01/2020

Electronic Signature of Signing Officer/Director Detail

Date