

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003905

**Entity Name:** HEALTH ADVOCATE, INC.

**Current Principal Place of Business:**

11808 MIRACLE HILLS DR  
OMAHA, NE 68154

**Current Mailing Address:**

11808 MIRACLE HILLS DR  
OMAHA, NE 68154

**FEI Number: 23-3080019**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CT  
Name MADSEN, JAN D  
Address 11808 MIRACLE HILLS DR  
City-State-Zip: OMAHA NE 68154

Title D  
Name BARKER, THOMAS B  
Address 11808 MIRACLE HILLS DR  
City-State-Zip: OMAHA NE 68154

Title D  
Name BERGER, NANCEE R  
Address 11808 MIRACLE HILLS DR  
City-State-Zip: OMAHA NE 68154

Title CO. PRESIDENT  
Name LEIBOWITZ, ARTHUR M  
Address 11808 MIRACLE HILLS DR  
City-State-Zip: OMAHA NE 68154

Title CO. PRESIDENT  
Name MESSINA, DANIEL S  
Address 11808 MIRACLE HILLS DR  
City-State-Zip: OMAHA NE 68154

Title S  
Name MUSSMAN, DAVID C  
Address 11808 MIRACLE HILLS DR  
City-State-Zip: OMAHA NE 68154

*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: DAVID C. MUSSMAN**

**SECRETARY**

**01/27/2016**

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

\_\_\_\_\_  
Date