2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 499794

FILED Jul 29, 2011 Secretary of State

Entity Name: FBMC BENEFITS MANAGEMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

3101 SESSIONS RD

TALLAHASSEE, FL 32303 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1878

TALLAHASSEE, FL 323021878 US

FEI Number: 59-1657263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NEELY, PATRICIA K 3101 SESSIONS RD

TALLAHASSEE, FL 32303 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.

III the State of Florida

SIGNATURE: Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D

Name: FAULKENBERRY, DAVID PRES Address: 3101 SESSIONS ROAD City-St-Zip: TALLAHASSEE, FL 32303 US

Title: T/VP

 Name:
 TOUGAS, DEBRA CFO

 Address:
 3101 SESSIONS ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32303 US

Title: S/VP

Name: NEELY, PATRICIA K CCO
Address: 3101 SESSIONS ROAD
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VP

Name: BAUMGARDNER, KEDRA VP Address: 3101 SESSIONS ROAD City-St-Zip: TALLAHASSEE, FL 32303 US

Title: C

Name: SHERIDAN, MICHAEL H CHAIR. Address: 3101 SESSIONS ROAD City-St-Zip: TALLAHASSEE, FL 32303 US

Title:

 Name:
 MARKS, JOHN

 Address:
 3101 SESSIONS ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32303 US

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: PATRICIA K. NEELY SEC 07/29/2011