

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 499794

FILED
Apr 17, 2012
Secretary of State

Entity Name: FBMC BENEFITS MANAGEMENT, INC.

Current Principal Place of Business:

3101 SESSIONS RD
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1878
TALLAHASSEE, FL 323021878 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

NEELY, PATRICIA K
3101 SESSIONS RD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: TVP
Name: TOUGAS, DEBRA CFO
Address: 3101 SESSIONS ROAD
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: SVP
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: D
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

Electronic Signature of Signing Officer or Director

SEC

04/17/2012

Date