

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000423

FILED
Feb 06, 2009
Secretary of State

Entity Name: HEALTHSCOPE BENEFITS, INC.

Current Principal Place of Business:

27 CORPORATE HILL DRIVE
LITTLE ROCK, AR 72205

New Principal Place of Business:

Current Mailing Address:

4079 EXECUTIVE PARKWAY
WESTERVILLE, OH 43081

New Mailing Address:

27 CORPORATE HILL DRIVE
LITTLE ROCK, AR 72205

FEI Number: 71-0847266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: EDWARDS, JOE K
Address: 27 CORPORATE HILL DRIVE
City-St-Zip: LITTLE ROCK, AR 72205

Title: P () Delete
Name: PERSON, MARY CATHERINE
Address: 27 CORPORATE HILL DRIVE
City-St-Zip: LITTLE ROCK, AR 72205

Title: S () Delete
Name: EDWARDS, JOE K
Address: 27 CORPORATE HILL DRIVE
City-St-Zip: LITTLE ROCK, AR 72205

Title: D () Delete
Name: EDWARDS, JOE K
Address: 27 CORPORATE HILL DRIVE
City-St-Zip: LITTLE ROCK, AR 72205

Title: D () Delete
Name: PERSON, MARY CATHERINE
Address: 27 CORPORATE HILL DRIVE
City-St-Zip: LITTLE ROCK, AR 72205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY CATHERINE PERSON

PRES

02/06/2009

Electronic Signature of Signing Officer or Director

Date