

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003051

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** WCG HEALTH MANAGEMENT, INC.

**Current Principal Place of Business:**

8735 HENDERSON ROAD  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

8735 HENDERSON ROAD  
TAMPA, FL 33634

**New Mailing Address:**

**FEI Number:** 04-3669698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** DP  
**Name:** CUNNINGHAM, ALEC R  
**Address:** 8735 HENDERSON ROAD  
**City-St-Zip:** TAMPA, FL 33634

**Title:** DT  
**Name:** TRAN, THOMAS L  
**Address:** 8735 HENDERSON ROAD  
**City-St-Zip:** TAMPA, FL 33634

**Title:** S  
**Name:** IGLESIAS, LISA G  
**Address:** 8735 HENDERSON ROAD  
**City-St-Zip:** TAMPA, FL 33634

**Title:** AT  
**Name:** HEBERT, MAURICE S  
**Address:** 8735 HENDERSON ROAD  
**City-St-Zip:** TAMPA, FL 33634

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:** LISA G IGLESIAS

S

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date