

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000321

FILED
Apr 28, 2010
Secretary of State

Entity Name: CONSUMER HEALTH CHOICE ASSOCIATION, INC.

Current Principal Place of Business:

8201 PETERS ROAD
SUITE 1000
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8201 PETERS ROAD
SUITE 1000
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 43-1891190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRERA, CARLOS M PRES.
2941 W CYPRESS CREEK ROAD
SUITE 3202
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

HERRERA, CARLOS M PRES.
8479 W COMMERCIAL BLVD
TAMARAC, FL 33351 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: CARLOS HERRERA

04/28/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: DEL GIACCO, ROBERT A
Address: 8201 PETERS ROAD; SUITE1000
City-St-Zip: 8201 PETERS ROAD; SUITE1000, FL 33324

Title: D
Name: LOPEZ, VALENTIN
Address: 8201 PETERS ROAD; SUITE1000
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: JOB, ANDRE
Address: 8201 PETERS ROAD;SUITE1000
City-St-Zip: PLANTATION, FL 33324

Title: P
Name: HERRERA, CARLOS M
Address: 8201 PETERS ROAD;SUITE1000
City-St-Zip: PLANTATION, FL 33324

Title: S
Name: DISGDIERTT, DANIEL
Address: 8201 PETERS ROAD;SUITE1000
City-St-Zip: PLANTATION, FL 33324

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS HERRERA

PRES

04/28/2010

Electronic Signature of Signing Officer or Director

Date