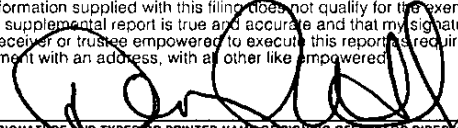


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90126 025 ***150.00

DOCUMENT # F04000001964					
1. Entity Name AUXILIARY HEALTH BENEFITS CORPORATION					
Principal Place of Business 1250 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407			Mailing Address 1250 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 84-1116412	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROWN, PAUL A MD 1250 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID MCLACHLAN 1250 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD HANSBROUGH, STEPHEN J 1250 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / VP OF ACCOUNTING DENISE POTTITZER 1250 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CHOUINARD, GINO 1250 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHEL LABADIE 1250 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV TAYLOR, DONNA 1250 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHIBALD, THOMAS 1250 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GITTEMAN, JOE 1250 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/26/05 (601) 683-7532 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					