
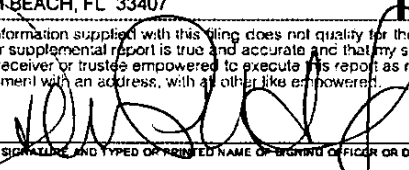


**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90419 044 \*\*\*150.00

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, PAUL A MD	NAME	DAVID MCLACHLAN
STREET ADDRESS	1250 NORTHPOINT PARKWAY	STREET ADDRESS	1250 NORTH POINT PARKWAY
CITY - ST - ZIP	WEST PALM BEACH, FL 33407	CITY - ST - ZIP	WEST PALM BEACH, FL 33407
TITLE	CEOD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSBROUGH, STEPHEN J	NAME	MICHEL LABADIE
STREET ADDRESS	1250 NORTHPOINT PARKWAY	STREET ADDRESS	1250 NORTHPOINT PARKWAY
CITY - ST - ZIP	WEST PALM BEACH, FL 33407	CITY - ST - ZIP	WEST PALM BEACH, FL 33407
TITLE	CFO <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHOUINARD, GINO	NAME	BRUCE BAGNI
STREET ADDRESS	1250 NORTHPOINT PARKWAY	STREET ADDRESS	1250 NORTH POINT PARKWAY
CITY - ST - ZIP	WEST PALM BEACH, FL 33407	CITY - ST - ZIP	WEST PALM BEACH, FL 33407
TITLE	SV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTLITZER, DENISE	NAME	
STREET ADDRESS	1250 NORTHPOINT PARKWAY	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL 33407	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHIBALD, THOMAS	NAME	
STREET ADDRESS	1250 NORTHPOINT PARKWAY	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL 33407	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITTERMAN, JOE	NAME	
STREET ADDRESS	1250 NORTHPOINT PARKWAY	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL 33407	CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowerments.			
SIGNATURE: 		Date: 4/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone: 361-683-7532	