## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F04000001964** 

1. Entity Name

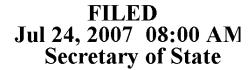
AUXILIARY HEALTH BENEFITS CORPORATION



Principal Place of Business

1250 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407 Mailing Address

1250 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407





CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1116412

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

the obligations of registered agent.

SIGNATURE

## DO NOT WRITE IN THIS SPACE

No Chg-P

07192007

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
	OW!!! FEE IS \$150.00 y September 14, 2007	Election Campaign Finar     Trust Fund Contribution,	icing	\$5.00 May Be Added to Fees	In accordance w corporation did r	ith s. 607.193(2)(b), F. ot receive the prior not	S., the lice.
10.	OFFICERS AND DIREC	TORS	er i en desa				ar en
STREET ADDRESS 1250	DWN, PAUL A MD 0 NORTHPOINT PARKWAY ST PALM BEACH, FL 33407				U00000	770084 30001-022, 150	ı nn
STREET ADDRESS 1256	DD NSBROUGH, STEPHEN J O NORTHPOINT PARKWAY ST PALM BEACH, FL 33407				SU1764/U17	30901 JACC 130	, 00
STREET ADDRESS 1256	O DUINARD, GINO 0 NORTHPOINT PARKWAY ST PALM BEACH, FL 33407	,		DO	NOT W	RITE	
STREET ADDRESS 125	ITLITZER, DENISE 0 NORTHPOINT PARKWAY ST PALM BEACH, FL 33407			IN.	THIS SP	ACE	
STREET ADDRESS 1256	CHIBALD, THOMAS O NORTHPOINT PARKWAY ST PALM BEACH, FL 33407						
STREET ADDRESS 1250	TERMAN, JOE 0 NORTHPOINT PARKWAY ST PALM BEACH, FL 33407	,					
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 any that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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 enpowered.							

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