

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001964

FILED
Feb 16, 2011
Secretary of State

Entity Name: AUXILIARY HEALTH BENEFITS CORPORATION

Current Principal Place of Business:

1250 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1250 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 84-1116412 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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: D
Name: BROWN, PAUL A MD
Address: 1250 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: CB
Name: HANSBROUGH, STEPHEN J
Address: 1250 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: CHMN
Name: CHOUINARD, GINO
Address: 1250 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP
Name: POTTLITZER, DENISE
Address: 1250 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: ARCHIBALD, THOMAS
Address: 1250 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: GITTERMAN, JOE
Address: 1250 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

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: DENISE POTTLITZER

VP

02/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date