2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003966

Entity Name: FIRST HEALTH SERVICES OF FLORIDA, INC.

FILED Apr 26, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6705 ROCKLEDGE DRIVE 4300 COX ROAD

SUITE 900 GLEN ALLEN, VA 23060 BETHESDA, MD 20817

Current Mailing Address: New Mailing Address:

6705 ROCKLEDGE DRIVE 6950 COLUMBIA GATEWAY DRIVE

SUITE 900 COLUMBIA, MD 21046 BETHESDA, MD 20817

FEI Number: 54-1890081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name: NOLAN, TIMOTHY
Address: 4300 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23061

Title: SDVP

Name: GREGOIRE, DANIEL N Address: 55 NOD ROAD City-St-Zip: AVON, CT 06001

Title: T/AS

Name: SHAPIRO, IRENE Address: 55 NOD ROAD City-St-Zip: AVON, CT 06001

Title: VP/D

 Name:
 RUBIN, JONATHAN N

 Address:
 55 NOD ROAD

 City-St-Zip:
 AVON, CT 06001

Title: VP

Name: NEWLIN, LINTON C Address: 1203 4TH STREET, SW City-St-Zip: CULLMAN, AL 35055

Title: D

Name: LERER, RENE Address: 55 NOD ROAD City-St-Zip: AVON, CT 06001

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: DANIEL N. GREGOIRE S 04/26/2010