2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2010
Secretary of State

DOCUMENT# F05000001095

Entity Name: ALLIANCE HEALTHCARD OF FLORIDA, INC.

Current Principal Place of Business:

900 NW 36TH AVENUE
SUITE 105
NORMAN, OK 73072

New Principal Place of Business:

Current Mailing Address:

900 NW 36TH AVENUE
SUITE 105
NORMAN, OK 73072

New Mailing Address:

FEI Number: 20-2298427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PRES
Name: KISER, THOMAS W
Address: 900 36TH AVENUE NW, SUITE 105
City-St-Zip: NORMAN, OK 73072

Title: SEC
Name: DENISON, BRADLEY W
Address: 900 36TH AVENUE NW, SUITE 105
City-St-Zip: NORMAN, OK 73072

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: BRADLEY W. DENISON SEC 09/09/2010

Electronic Signature of Signing Officer or Director — Date