## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000003373

Entity Name: HBDC II, INC.

**FILED** Feb 15, 2011 Secretary of State

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

2200 SW 10TH ST 150 N. RADNOR CHESTER RD. DEERFIELD BEACH, FL 33442

B101

RADNOR, PA 19087

**Current Mailing Address: New Mailing Address:** 

2200 SW 10TH ST 150 N. RADNOR CHESTER RD.

DEERFIELD BEACH, FL 33442 B101

RADNOR, PA 19087

FEI Number: 20-3469415 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:

HEALTH BENEFITS DIRECT HEALTH BENEFITS DIRECT

10 FAIRWAY DR. 2200 SW 10TH ST

DEERFIELD BEACH, FL 33442 US 209 DEERFIELD BEACH, FL 33441 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: RONALD GARCIA 02/15/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRFS

VERDI, ANTHONY Name:

150 N. RADNOR CHESTER RD. B-101 Address:

City-St-Zip: RADNOR, PA 19087 US

Title: **VPRE** 

Name: GILLAN, FRANCIS L

150 NORTH RADNOR CHESTER RD, SUITE B-101 Address:

RADNOR, PA 19087 US City-St-Zip:

SEC. Title:

GILLAN, FRANCIS L Name:

150 N. RADNOR CHESTER RD. STE B-101 Address:

City-St-Zip: RADNOR, PA 19087 US

Title: TREA

GARCIA, RONALD Name:

Address: 10 FAIRWAY DR. STE 209 City-St-Zip: DEERFIELD BEACH, FL 33441

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: RONALD GARCIA **TREA** 02/15/2011