

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001681

FILED
Jun 15, 2012
Secretary of State

Entity Name: COMPLEMENTARY HEALTHCARE PLANS, INC.

Current Principal Place of Business:

6600 SW 105TH AVENUE
SUITE 115
BEAVERTON, OR 97008

New Principal Place of Business:

Current Mailing Address:

6600 SW 105TH AVENUE
SUITE 115
BEAVERTON, OR 97008

New Mailing Address:

FEI Number: 93-1013122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
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: D
Name: EDWARDS, GARY
Address: 6600 SW 105TH AVENUE #115
City-St-Zip: BEAVERTON, OR 97008

Title: C
Name: CHASER, BRUCE
Address: 6600 SW 105TH AVENUE #115
City-St-Zip: BEAVERTON, OR 97008

Title: CEO
Name: HAY, MICHELL
Address: 6600 SW 105TH AVENUE #115
City-St-Zip: BEAVERTON, OR 97008

Title: S
Name: BLATTNER, CHRIS
Address: 6600 SW 105TH AVENUE #115
City-St-Zip: BEAVERTON, OR 97008

Title: VP
Name: SIMPSON, CHARLES
Address: 6600 SW 105TH AVENUE #115
City-St-Zip: BEAVERTON, OR 97008

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: MICHELL HAY

CEO

06/15/2012

Electronic Signature of Signing Officer or Director

Date