

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004794

FILED
Apr 09, 2012
Secretary of State

Entity Name: AMERIGROUP COMMUNITY CARE OF NEW MEXICO, INC.

Current Principal Place of Business:

6565 AMERICAS PKWY, SUITE 110
ALBUQUERQUE, NM 87110

New Principal Place of Business:

6565 AMERICAS PARKWAY NE
SUITE 110
ALBUQUERQUE, NM 87110 US

Current Mailing Address:

6565 AMERICAS PKWY, SUITE 110
ALBUQUERQUE, NM 87110

New Mailing Address:

6565 AMERICAS PARKWAY NE
SUITE 110
ALBUQUERQUE, NM 87110 US

FEI Number: 20-2073598

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: CP
Name: HOPKINS, LAURA A CP
Address: 6565 AMERICAS PARKWAY NE, SUITE 110
City-St-Zip: ALBUQUERQUE, NM 87110 US

Title: DVPS
Name: PACE, NICHOLAS J DVPS
Address: 4425 CORPORATION LANE
City-St-Zip: VIRGINIA BEACH, VA 23462 US

Title: T
Name: ANGLIN, SCOTT W T
Address: 6565 AMERICAS PARKWAY NE, SUITE 110
City-St-Zip: ALBUQUERQUE, NM 87110 US

Title: VP
Name: SHIELDS, KAREN L VP
Address: 6565 AMERICAS PARKWAY NE, SUITE 110
City-St-Zip: ALBUQUERQUE, NM 87110 US

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: RUSSELL KOPP

POA

04/09/2012

Electronic Signature of Signing Officer or Director

Date