2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2010
Secretary of State

DOCUMENT# F09000001096

Entity Name: CONSOLIDATED HEALTH PLANS, INC.

Current Principal Place of Business:

2077 ROOSEVELT AVE
SPRINGFIELD, MA 01104

New Principal Place of Business:

Current Mailing Address:

2077 ROOSEVELT AVE
SPRINGFIELD, MA 01104

New Mailing Address:

FEI Number: 04-3187843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E PARK AVE
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP
Name: SAREMI, K. KEVIN
Address: 251 ARDSLEY RD
City-St-Zip: LONGMEADOW, MA 01106

Title: VCVP
Name: SAREMI, DEBORAH K
Address: 251 ARDSLEY RD
City-St-Zip: LONGMEADOW, MA 01106

Title: S
Name: SAREMI, DEBORAH K
Address: 251 ARDSLEY RD
City-St-Zip: LONGMEADOW, MA 01106

Title: D
Name: DIGIORGIO, ANDREW
Address: 419 L. HAMPDEN RD
City-St-Zip: MONSON, MA 01057

Title: DT
Name: GENDRON, PAULINE
Address: 39 CHAPEL ST
City-St-Zip: CHICOPEE, MA 01020

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: DEBORAH K. SAREMI VCVP 02/06/2010

Electronic Signature of Signing Officer or Director Date