2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# F97000005959

Entity Name: ACCOUNTABLE HEALTH PLANS OF AMERICA, INC.

Current Principal Place of Business:

222 W. LAS COLINAS BLVD
STE 2000 NORTH
IRVING, TX 75039

New Principal Place of Business:

222 W. LAS COLINAS BLVD
STE 600 NORTH
IRVING, TX 75039

Current Mailing Address:

222 W. LAS COLINAS BLVD
STE 2000 NORTH
IRVING, TX 75039

New Mailing Address:

222 W. LAS COLINAS BLVD
STE 600 NORTH
IRVING, TX 75039

FEI Number: 75-2540180 **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 323012525 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: CEO ( ) Delete
Name: PARKER, TED L
Address: 222 W. LAS COLINAS BLVD STE 2000 NORTH
City-St-Zip: IRVING, TX 75039

Title: CFO ( ) Delete
Name: COBB, LISA
Address: 222 W. LAS COLINAS BLVD STE 2000 NORTH
City-St-Zip: IRVING, TX 75039

Title: SEC ( ) Delete
Name: DEMBERECKYJ, WILLIAM
Address: 222 W. LAS COLINAS BLVD STE 2000 NORTH
City-St-Zip: IRVING, TX 75039

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: PARKER, TED L
Address: 222 W. LAS COLINAS BLVD STE 600 NORTH
City-St-Zip: IRVING, TX 75039

Title: CFO (X) Change ( ) Addition
Name: COBB, LISA
Address: 222 W. LAS COLINAS BLVD STE 600 NORTH
City-St-Zip: IRVING, TX 75039

Title: SEC (X) Change ( ) Addition
Name: DEMBERECKYJ, WILLIAM
Address: 222 W. LAS COLINAS BLVD STE 600 NORTH
City-St-Zip: IRVING, TX 75039

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM DEMBERECKYJ SEC 01/21/2009

Electronic Signature of Signing Officer or Director — Date