2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N05000006429

Entity Name: MHS RISK PURCHASING GROUP, INC.

Current Principal Place of Business:

3501 JOHNSON STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3501 JOHNSON STREET
HOLLYWOOD, FL 33021

New Mailing Address:

3329 JOHNSON STREET
HOLLYWOOD, FL 33021 US

FEI Number: 20-3044696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314
200 E. GAINES ST.32399
TALLAHASSEE, FL 32399 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: PD ( ) Delete
Name: MARKS, STANLEY MD
Address: 3501 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 32021

Title: TD ( ) Delete
Name: MUHART, MATTHEW
Address: 3501 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 32021

Title: SD (X) Delete
Name: ALEXANDER, DAVID
Address: 3501 JOHNSON ST
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY MARKS, M.D. PD 04/01/2009

Electronic Signature of Signing Officer or Director — Date