

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07056

FILED  
Mar 11, 2010  
Secretary of State

**Entity Name:** HEALTHCARE COST CONTAINMENT UNITED ASSOCIATION, INC.

**Current Principal Place of Business:**

2300 CORPORATE BLVD NW  
131  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2300 CORPORATE BLVD NW  
131  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 59-3505416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLASSBERG, DAVID ESQ  
13615 SOUTH DIXIE HWY  
MIAMI, FL 33176 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: DT  
Name: BIRNHOLZ, HARVEY B  
Address: 16866 KNIGHTSBRIDGE LANE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: DAT  
Name: MARTIN, JORGE  
Address: 9450 SOUTHWEST 79TH ST.  
City-St-Zip: MIAMI, FL 33173

Title: DAS  
Name: THOMPSON, ANNE  
Address: 13060 SW 107TH ST  
City-St-Zip: MIAMI, FL 33186

Title: DVP  
Name: LOPEZ-CANTERA, MARTALIGIA  
Address: 7155 EAST LARGO DRIVE  
City-St-Zip: CORAL GABLES, FL 33143

Title: P  
Name: MORGAN, LYNN  
Address: 2300 CORPORATE BLVD NW, SUITE 131  
City-St-Zip: BOCA RATON, FL 33431

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

SIGNATURE: LYNN MORGAN

P

03/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date