

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07056

FILED
Feb 18, 2011
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: DSEC
Name: APEL, MICHAEL
Address: 1015 NW 17 AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: DVP
Name: GARCIA, CARLOS
Address: 12762 SW 116 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: P
Name: MORGAN, LYNN
Address: 11195 SANDPOINT TERRACE
City-St-Zip: BOCA RATON, FL 33428

Title: DAS
Name: HOROWITZ, MORTON
Address: 4833 ESEDRA COURT APT 306
City-St-Zip: LAKE WORTH, FL 33467

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

PRES

02/18/2011

Electronic Signature of Signing Officer or Director

Date