2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07056

Feb 23, 2012 Secretary of State

Entity Name: HEALTHCARE COST CONTAINMENT UNITED ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2300 CORPORATE BLVD NW 131

BOCA RATON, FL 33431

New Mailing Address: Current Mailing Address:

2300 CORPORATE BLVD NW BOCA RATON, FL 33431

FEI Number: 59-3505416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GLASSBERG, DAVID ESQ 13615 SOUTH DIXIE HWY MIAMI, FL 33176

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:

BIRNHOLZ, HARVEY B Name: 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

APEL, MICHAEL Name: 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:

MORGAN, LYNN Name:

11195 SANDPOINT TERRACE Address: City-St-Zip: BOCA RATON, FL 33428

Title:

HOROWITZ, MORTON Name: Address:

4833 ESEDRA COURT APT 306 LAKE WORTH, FL 33467 City-St-Zip:

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 DR. 02/23/2012