2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000046214

1. Entity Name
HEALTHEASE OF FLORIDA, INC.

FILED
05 APR 15 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6800 N. DALE MABRY HWY, STE. 268 TAMPA, FL 33614	6800 N. DALE MABRY HWY, STE. 268 TAMPA, FL 33614

02222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8735 HENDERSON ROAD, REN 2	**8735 HENDERSON ROAD, REN 2**
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: **TAMPA, FLORIDA**	City & State: **TAMPA, FLORIDA**
Zip: **33634** Country: **USA**	Zip: **33634** Country: **USA**

4. FEI Number: 59-3646690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

800050929968

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, KIRAN C MD 6800 N. DALE MABRY HWY., STE. 268 TAMPA, FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** **PATEL, KIRAN C. MD** **8735 HENDERSON ROAD, REN 2** **TAMPA. FL 33634**	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FARHA, TODD S 6800 N DALE MABRY HWY SUITE 268 TAMPA, FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**P/CEO/D** **FARHA, TODD S.** **8735 HENDERSON ROAD, REN 2** **TAMPA. FL 33634**	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VASA SMITH, DAVID TD 6800 N DALE MABRY HWY SUITE 268 TAMPA, FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**V/S/T/D** **SMITH, DAVID** **8735 HENDERSON ROAD, REN 2** **TAMPA. FL 33634**	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARKE, GARY 6800 N DALE MABRY HWY SUITE 268 TAMPA, FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** **CLARKE, GARY** **8735 HENDERSON ROAD, REN 2** **TAMPA. FL 33634**	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BEREDAY, THADDEUS 6800 N DALE MABRY HWY SUITE 268 TAMPA, FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**S/D** **BEREDAY, THADDEUS** **8735 HENDERSON ROAD, REN 2** **TAMPA. FL 33634**	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**CFO/T/D** **BEHRENS, PAUL L.** **8735 HENDERSON ROAD, REN 2** **TAMPA. FL 33634**	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/12/05 813-290-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 315782 D 7105070

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 158.75

ORDER DATE : April 14, 2005

ORDER TIME : 2:42 PM

ORDER NO. : 315782-040

CUSTOMER NO: 7105070

CUSTOMER: Ms. Sandra L. Blake
Greenberg Traurig, P.a.
Suite 500
800 Connecticut Avenue, N.w.
Washington, DC 20006

ANNUAL REPORT FILING

NAME: HEALTHEASE OF FLORIDA, INC.

05 APR 15 PM 4:19

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: _____