2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# P00000046214

Entity Name: HEALTHEASE OF FLORIDA, INC.

Current Principal Place of Business:

8735 HENDERSON ROAD
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

8735 HENDERSON ROAD
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-3646690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DCEO
Name: CUNNINGHAM, ALEC R
Address: 8735 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

Title: DT
Name: TRAN, THOMAS L
Address: 8735 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

Title: D
Name: CLARKE, GARY J
Address: 411 E. COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: DS
Name: IGLESIAS, LISA G
Address: 8735 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

Title: DP
Name: COOPER, CHRISTINA
Address: 8735 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

Title: DAT
Name: HEBERT, MAURICE S
Address: 8735 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

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

SIGNATURE: LISA G. IGLESIAS S 04/19/2011

Electronic Signature of Signing Officer or Director — Date