2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058220

Entity Name: HEALTHSPRING OF FLORIDA, INC.

FILED Apr 29, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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11401 SOUTHWEST 40 STREET

STE. 400

MIAMI, FL 33165 US

Current Mailing Address: New Mailing Address:

11401 SOUTHWEST 40 STREET STE. 400

MIAMI, FL 33165 US

FEI Number: 65-1129599 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:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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: CEO

Name: MIRT, MICHAEL G

Address: 9009 CAROTHERS PARKWAY, SUITE 501

City-St-Zip: FRANKLIN, TN 37067

Title: PRES

Name: MAURY, ALBERT R CEO

Address: 9009 CAROTHERS PARKWAY, SUITE 501

City-St-Zip: MIAMI, FL 33165

Title: CFO

Name: WARREN, STU

Address: 9009 CAROTHERS PARKWAY, SUITE 501

City-St-Zip: FRANKLIN, TN 37067

Title: VP

Name: TULLOCH, MARK SEC Address: 601 MAINSTREAM DR. City-St-Zip: NASHVILLE, TN 37228

Title: TREA

Name: MCCULLOUGH, BRIAN

Address: 9009 CAROTHERS PARKWAY, STE.501

City-St-Zip: FRANKLIN, TN 37067

Title: VP

Name: HERNANDEZ, HENRY COO

Address: 9009 CAROTHERS PARKWAY, SUITE 501

City-St-Zip: FRANKLIN, TN 37067

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: BRIAN MCCULLOUGH TREA 04/29/2011