2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 31, 2012
Secretary of State

DOCUMENT# P03000030487

Entity Name: MONTI ELIGIBILITY & DENIAL SOLUTIONS, INC.

Current Principal Place of Business:

540 S. PINE MEADOW DRIVE
DEBARY, FL 32713

New Principal Place of Business:

100 TREEMONTE DRIVE
ORANGE CITY, FL 32763

Current Mailing Address:

540 S. PINE MEADOW DRIVE
DEBARY, FL 32713

New Mailing Address:

100 TREEMONTE DRIVE
ORANGE CITY, FL 32763

FEI Number: 75-3107150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTI, PATRICIA SUE
540 S. PINE MEADOW DRIVE
DEBARY, FL 32713 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: O
Name: MONTI, PATRICIA SUE
Address: 540 S. PINE MEADOW DRIVE
City-St-Zip: DEBARY, FL 32713

Title: O
Name: FRANKS, PAUL C
Address: 12537 MISSION HILLS DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: O
Name: HANELINE, THERESA A
Address: 7203 PINE LAKE ROAD
City-St-Zip: FORT WAYNE, IN 46814 US

Title: O
Name: STREETS, MICHAEL D
Address: 2340 GARDNER ROAD
City-St-Zip: ALVA, FL 33920 US

Title: O
Name: STREETS, KAREN G
Address: 2340 GARDNER
City-St-Zip: ALVA, FL 33920 US

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: PAUL C FRANKS OWNE 01/31/2012

Electronic Signature of Signing Officer or Director — Date