

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED
Oct 04, 2010
Secretary of State

Entity Name: US HEALTHCARE PLANS, INC.

Current Principal Place of Business:

555 S.W. 12TH AVE.
SUITE 120
POMPAÑO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

485 N. KELLER RD.
SUITE 450
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 43-2022963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

AMACORE
485 KELLER DRIVE SUITE 450
MAITLAND, FL 32751 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: JAY SHAFER

10/04/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SHAFER, JAY
Address: 555 S.W. 12TH AVE., SUITE 120
City-St-Zip: POMPAÑO BEACH, FL 33069

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: JAY SHAFER

CEO

10/04/2010

Electronic Signature of Signing Officer or Director

Date