

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075787

FILED
Jan 05, 2012
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:

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

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:

AMACORE
485 KELLER DRIVE SUITE 450
MAITLAND, FL 32751 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: D
Name: SHAFER, JAY
Address: 485 KELLER DRIVE SUITE 450
City-St-Zip: MAITLAND, FL 32751

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

D

01/05/2012

Electronic Signature of Signing Officer or Director

Date