2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100213

Entity Name: COMPANION HEALTH PLANS, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

205 RANCH ROAD 1555 HOWELL BRANCH RD WINTER PARK, FL 32792

212

WINTER PARK, FL 32789

Current Mailing Address: New Mailing Address:

205 RANCH ROAD 1555 HOWELL BRANCH RD WINTER PARK, FL 32792

WINTER PARK, FL 32789

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PLATT, BRUCE D BARRETT, MIKE D 106 EAST COLLEGE AVENUE 1555 HOWELL BRANCH RD **SUITE 1200**

TALLAHASSEE, FL 32301 US WINTER PARK, FL 32789 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: MIKE BARRETT 04/24/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

BARRETT, MIKE BARRETT, MIKE Name: Name:

205 RANCH ROAD 1555 HOWELL BRANCH RD Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further 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 an address, with all other like empowered.

SIGNATURE: MIKE D BARRETT **PRES** 04/24/2006