

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054012

FILED
Apr 13, 2009
Secretary of State

Entity Name: GOODHEALTH WORLDWIDE ADMINISTRATORS INC.

Current Principal Place of Business:

2600 DOUGLAS RD.
CORAL GABLES, FL 33134

New Principal Place of Business:

201 S. BIDISCAYNE BLVD.
MIAMI, FL 33133

Current Mailing Address:

151 FARMINGTON AVE.
W101
HARTFORD, CT 06156

New Mailing Address:

FEI Number: 20-2714926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: JARDIN, MARK A
Address: 151 FARMINGTON AVE
City-St-Zip: HARTFORD, CT 06156

Title: DIR () Delete
Name: LORIO, RUBEN
Address: 2600 DOUGLAS RD
City-St-Zip: CORAL GABLES, FL 33134

Title: DIR () Delete
Name: LUSK, KIRK H
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: P/D () Delete
Name: TEMPLE, MARTHA R
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: HALL, JEREMY J
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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: MARTHA R. TEMPLE

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date