

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029344

FILED
Apr 22, 2008
Secretary of State

Entity Name: QUALITY HEALTH PLANS INSURANCE COMPANY, INC.

Current Principal Place of Business:

2435 US HIGHWAY 19 SUITE 470
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

2435 US HIGHWAY 19 SUITE 470
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 20-8572241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNSFORD, TINA E
201 S WESTLAND AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

DUNSFORD, TINA E
100 NORTH TAMPA STREET
2700
TAMPA, FL 33606 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:

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KHAN, NAZEER
Address: 2435 US HIGHWAY 19 SUITE 470
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: KHAN, HAIDER
Address: 2435 US HIGHWAY 19 SUITE 470
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: KHAN, SABIHA
Address: 2435 US HIGHWAY 19 SUITE 470
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: BROWNING, COURTNEY
Address: 2435 US HIGHWAY 19 SUITE 470
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: DUNSFORD, TINA
Address: 201 S WESTLAND AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: KHAN, SAFIA
Address: 2515 COUNTRYSIDE BLVD, SUITE C
City-St-Zip: HOLIDAY, FL 34691

Title: D (X) Change () Addition
Name: DUNSFORD, TINA
Address: 100 NORTH TAMPA STREET, STE 2700
City-St-Zip: TAMPA, FL 33606

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: HAIDER KHAN

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date