

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041597

FILED
Feb 20, 2008
Secretary of State

Entity Name: SUNSHINE STATE HEALTH PLAN, INC.

Current Principal Place of Business:

7711 CARONDELET AVENUE
SUITE 800
CLAYTON, MO 63105

New Principal Place of Business:

Current Mailing Address:

7711 CARONDELET AVENUE
SUITE 800
CLAYTON, MO 63105

New Mailing Address:

FEI Number: 20-8937577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: HUNTER, JESSE
Address: 7711 CARONDELET AVE
City-St-Zip: ST LOUIS, MO 63105

Title: VP () Change (X) Addition
Name: WILLIAM, SCHEFFEL
Address: 7711 CARONDELET AVE
City-St-Zip: ST LOUIS, MO 63105

Title: SEC () Change (X) Addition
Name: WILLIAMSON, KEITH
Address: 7711 CARORONDELET AVE
City-St-Zip: ST LOUIS, MO 63105

Title: DIR () Change (X) Addition
Name: DINKELMAN, TRICIA
Address: 7711 CARONDELET AVE
City-St-Zip: ST LOUIS, MO 63105

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: TRICIA DINKELMAN

DIR

02/20/2008

Electronic Signature of Signing Officer or Director

Date