2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# P07000063498

Entity Name: 1 2 3 SEGUROS DE SALUD, PA

Current Principal Place of Business:

802 PALM OAK DRIVE
APOPKA, FL 32712

New Principal Place of Business:

407 CENTER POINTE CIRCLE STE # 1619
ALTAMONTE, FL 32701

Current Mailing Address:

802 PALM OAK DRIVE
APOPKA, FL 32712

New Mailing Address:

407 CENTER POINTE CIRCLE STE # 1619
ALTAMONTE, FL 32701

FEI Number: 26-0264590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAST, LOUIS F
4805 NW 79 AVE 9
DORAL, FL 33166 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: YGLESIAS, ARMANDO
Address: 802 PALM OAK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: VPT ( ) Delete
Name: SEIGEL, HAROLD
Address: 802 PALM OAK DRIVE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: YGLESIAS, ARMANDO
Address: 407 CENTER POINTE CIRCLE STE # 1619
City-St-Zip: ALTAMONTE, FL 32701

Title: VPT (X) Change ( ) Addition
Name: YGLESIAS, ARMANDO
Address: 407 CENTER POINTE CIRCLE STE # 1619
City-St-Zip: ALTAMONTE, FL 32701

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: ARMANDO IGLESIAS PST 05/11/2009

Electronic Signature of Signing Officer or Director Date