2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2010
Secretary of State

DOCUMENT# P07000063498

Entity Name: 1 2 3 SEGUROS DE SALUD, PA

Current Principal Place of Business:

407 CENTER POINTE CIRCLE STE # 1619
ALTAMONTE, FL 32701

New Principal Place of Business:

Current Mailing Address:

407 CENTER POINTE CIRCLE STE # 1619
ALTAMONTE, FL 32701

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: ARMANDO IGLESIAS PRES 09/24/2010

Electronic Signature of Signing Officer or Director Date