

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090069

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: VITALONE HEALTH PLANS, INC.

## Current Principal Place of Business:

2941 WEST CYPRESS CREEK RD, STE 202  
FT LAUDERDALE, FL 33309

## New Principal Place of Business:

## Current Mailing Address:

2941 WEST CYPRESS CREEK RD, STE 202  
FT LAUDERDALE, FL 33309

## New Mailing Address:

FEI Number: 20-5609282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERRERA, CARLOS M D  
861 SW 78TH AVENUE, SUITE 200  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

HERRERA, CARLOS M D  
2941 W.CYPRESS CREEK RD.; STE 202  
FT.LAUDERDALE, FL 33309 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:

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HERRERA, CARLOS  
Address: 2941 WEST CYPRESS CREEK RD, STE 202  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: LUIS, RENE  
Address: 2941 WEST CYPRESS CREEK RD, STE 202  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D (X) Delete  
Name: DISGDIERTT, DANIEL  
Address: 2941 WEST CYPRESS CREEK RD, STE 202  
City-St-Zip: FT LAUDERDALE, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: FT.LAUDERDALE, DANIEL  
Address: 2941 WEST CYPRESS CREEK RD, STE 202  
City-St-Zip: FT LAUDERDALE, FL 33309

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: CARLOS M HERRERA

D

04/23/2009

Electronic Signature of Signing Officer or Director

Date