

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000090069

FILED
Jun 15, 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:**2941 WEST CYPRESS CREEK RD,
STE 202
FT LAUDERDALE, FL 33309**Current Mailing Address:**2941 WEST CYPRESS CREEK RD, STE 202
FT LAUDERDALE, FL 33309**New Mailing Address:**2941 WEST CYPRESS CREEK RD,
STE 202
FT LAUDERDALE, FL 33309**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
2941 W.CYPRESS CREEK RD.; STE 202
FT.LAUDERDALE, FL 33309 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:

06/15/2009

Electronic Signature of Registered Agent

Date

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: FT.LAUDERDALE, 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: DISGDIERTT, DANIEL
Address: 2941 WEST CYPRESS CREEK RD, STE 202
City-St-Zip: FT LAUDERDALE, FL 33309

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 HERRERA

D

06/15/2009

Electronic Signature of Signing Officer or Director

Date