

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000071873

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** GOT HEALTH COVERAGE, INC.

**Current Principal Place of Business:**

7200 W COMMERCIAL BLVD  
SUITE 206  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

7200 W COMMERCIAL BLVD  
SUITE 206  
LAUDERHILL, FL 33319

**New Mailing Address:**

**FEI Number:** 27-0816912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HYMAN, SETH  
7200 W COMMERCIAL BLVD  
SUITE 206  
LAUDERHILL, FL 33319 US

**Name and Address of New Registered Agent:**

HYMAN, MARIAN  
7200 W COMMERCIAL BLVD  
SUITE 206  
LAUDERHILL, FL 33319 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:** MARIAN HYMAN

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HYMAN, MARIAN L  
**Address:** 7200 W COMMERCIAL BLVD STE 206  
**City-St-Zip:** LAUDERHILL, FL 33319

**Title:** VPD  
**Name:** HYMAN, SETH  
**Address:** 7200 W COMMERCIAL BLVD STE 206  
**City-St-Zip:** LAUDERHILL, FL 33319

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:** MARIAN HYMAN

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date