2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2011
Secretary of State

DOCUMENT# P09000100152

Entity Name: HEALTH CARE EXCHANGE OF NW FLORIDA, INC.

Current Principal Place of Business:

4 PAHOKEE LANE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4 PAHOKEE LANE
DESTIN, FL 32541

New Mailing Address:

225 MAIN STREET SUITE 5
DESTIN, FL 32541

FEI Number: 27-1580772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAD, COBBLE
4 PAHOKEE LANE
DESTIN, FL 32541 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: P
Name: COBBLE, BRAD
Address: 4 PAHOKEE LANE
City-St-Zip: DESTIN, FL 32541

Title: VP
Name: SMITH, JOE
Address: 225 MAIN STREET SUITE 5
City-St-Zip: DESTIN, FL 32541

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: BRAD COBBLE OWNE 07/25/2011

Electronic Signature of Signing Officer or Director Date