

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000062751

FILED  
Jan 23, 2012  
Secretary of State

Entity Name: YOUR HEALTH PLANS INC.

## Current Principal Place of Business:

2950 W CYPRESS CREEK ROAD  
#203  
FORT LAUDERDALE, FL 33309

## New Principal Place of Business:

1170 NW 64 STREET  
SUITE#620  
FORT LAUDERDALE, FL 33309

## Current Mailing Address:

2950 W CYPRESS CREEK ROAD  
#203  
FORT LAUDERDALE, FL 33309

## New Mailing Address:

1170 NW 64 STREET  
SUITE#620  
FORT LAUDERDALE, FL 33309

FEI Number: 45-2520631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUBERT, LISA  
5520 SW 38TH COURT  
DAVIE, FL 33314 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: PRES  
Name: GOLDBERG, BRUCE  
Address: 1770 NW 64TH STREET #620  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP  
Name: ALVARDO, TERRY  
Address: 7301 NW 18 STREET, #206  
City-St-Zip: MARGATE, FL 33063

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: BRUCE GOLDBERG

PRES

01/23/2012

Electronic Signature of Signing Officer or Director

Date