2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2012
Secretary of State

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Entity Name: FLORIDA HEALTH CARE PLAN-PROVIDER OPTION, INC.

Current Principal Place of Business:

1340 RIDGEWOOD AVE
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

1340 RIDGEWOOD AVE
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 59-3187311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, PAMELA J
1340 RIDGEWOOD AVE
HOLLY HILL, FL 32117 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: PCEO
Name: MYERS, WENDY A MD
Address: 1340 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117 US

Title: D
Name: MYERS, WENDY A MD
Address: 1340 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117 US

Title: CFOS
Name: SCHANDEL, DAVID C
Address: 1340 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117 US

Title: TD
Name: SCHANDEL, DAVID C
Address: 1340 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117 US

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: DAVID C SCHANDEL CFOD 04/03/2012

Electronic Signature of Signing Officer or Director — Date