2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000096661

Entity Name: GREAT-WEST HEALTHCARE OF FLORIDA, INC.

FILED Mar 16, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
7650 COURTNEY CAMPBELL CSWY STE 850 TAMPA, FL 33607 US				1511 N. WESTSHORE BLVD. TOWER PLACE STE 700 TAMPA, FL 33607 US			
Current Mailing Address:				New Mailing Address:			
	_						
7650 COURTNEY CAMPBELL CSWY STE 850 TAMPA, FL 33607 US			1511 N. WESTSHORE BLVD. TOWER PLACE STE 700 TAMPA, FL 33607 US				
FEI Number:	59-3428587	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address o	of New Registered Agent:	
1200 SOUT PLANTATIO	DRATION SYS TH PINE ISLAN DN, FL 33324 named entity si	D ROAD US	rpose o	f changing it	ts registere	ed office or registered agent, or both,	
in the State	of Florida.	·			_		
SIGNATUR							
	Electronic	c Signature of Registered Agen	t			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GOLDIN, DONNA 8505 EAST ORC			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	ORIGER, DEBBI 8505 E. ORCHAF			Title: Name: Address: City-St-Zip:	8505 E. OR	(X) Change()Addition EDT, CHIRSTOPHER M CCHARD RD OOD VILLAGE, CO 80111	
Title: Name: Address: City-St-Zip:	SCHULTZ, RICHA 8525 EAST ORC			Title: Name: Address: City-St-Zip:		(X) Change () Addition AVID C ORCHARD ROAD ODD VILLAGE, CO 80111	
Title: Name: Address: City-St-Zip:	P ()[WHITE, STEVEN 245 PERIMETER ATLANTA, GA 30	A CENTER PARKWAY, 7TH FLOOR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () [DERBACK, GLEI 8515 E ORCHAR ENGLEWOOD, C	D RD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	VP ()[Delete		Title:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID C. LARSEN S 03/16/2006