2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058629

Entity Name: INTEGRATED HEALTH PLAN, INC.

FILED Apr 16, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4020 PARK STREET SUITE 103

ST PETERSBURG, FL 33709 US

Current Mailing Address: New Mailing Address:

535 EAST DIEHL RD 535 EAST DIEHL RD

STE 100 STE 150

NAPERVILLE, IL 60563 US NAPERVILLE, IL 60563 US

FEI Number: 59-3480358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: FERRANTE, MICHAEL
Address: 115 FIFTH AVE., 7TH FL
City-St-Zip: NEW YORK, NY 10003

Title: SECR

Name: SANGHVI, ALOK
Address: 115 FIFTH AVE., 7TH FL
City-St-Zip: NEW YORK, NY 10003

Title: TREA

Name: RIZZI, PATRICIA
Address: 535 EAST DIEHL ROAD
City-St-Zip: NAPERVILLE, IL 60563

Title: DIR

Name: TABAK, MARK

Address: 115 FIFTH AVE., 7TH FL City-St-Zip: NEW YORK, NY 10003

Title: DIR

Name: REDMOND, DAVID L Address: 535 EAST DIEHL ROAD City-St-Zip: NAPERVILLE, IL 60563

Title: VF

Name: JOLIE, STEVEN
Address: 1100 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

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: STEVEN JOLIE VP 04/16/2012