2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2011
Secretary of State

DOCUMENT# P98000094978

Entity Name: PROCARE HEALTHPLANS, INC.

Current Principal Place of Business:

2499 GLADES ROAD #101
BOCA RATON, FL 33431

New Principal Place of Business:

2499 GLADES ROAD #105
BOCA RATON, FL 33431

Current Mailing Address:

2499 GLADES ROAD #101
BOCA RATON, FL 33431

New Mailing Address:

2499 GLADES ROAD #105
BOCA RATON, FL 33431

FEI Number: 65-0876109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, HARLAN I
2499 GLADES ROAD #101
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

COHEN, HARLAN I
2499 GLADES ROAD #105
BOCA RATON, FL 33431 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: _____ 04/14/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: COHEN, HARLAN I
Address: 2499 GLADES RD #105
City-St-Zip: BOCA RATON, FL 33431

Title: VP
Name: COHEN, KATTY W
Address: 2499 GLADES RD #105
City-St-Zip: BOCA RATON, FL 33431

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: HARLAN I COHEN PRES 04/14/2011
Electronic Signature of Signing Officer or Director — Date