2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# S11165

Entity Name: HOSPITAL BENEFITS, INC.

Current Principal Place of Business:

765 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 327143338 US

New Principal Place of Business:

2074 WINTER SPRINGS BOULEVARD
OVIEDO, FL 32765 US

Current Mailing Address:

P.O. BOX 162148
ALTAMONTE SPGS, FL 32716 US

New Mailing Address:

2074 WINTER SPRINGS BOULEVARD
OVIEDO, FL 32765 US

FEI Number: 59-3038728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVETT, W. THOMAS
811 N MAGNOLIA AVE
ORLANDO, FL 32803 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: PVST
Name: SMANT, PAMELA K.
Address: 2074 WINTER SPRINGS BOULEVARD
City-St-Zip: OVIEDO, FL 32765 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: PAMELA SMANT PVST 05/01/2012

Electronic Signature of Signing Officer or Director — Date