2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2014
Secretary of State
CC5280274379

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Entity Name: FLORIDA ASSOCIATION OF HEALTH PLANS, INC.

Current Principal Place of Business:

200 WEST COLLEGE AVE
SUITE 104
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O. BOX 10748
TALLAHASSEE, FL 32302

FEI Number: 65-0598901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, AUDREY S
200 WEST COLLEGE AVE
SUITE 104
TALLAHASSEE, FL 32301 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: AUDREY S BROWN 04/17/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO	Title	SEC
Name	BROWN, AUDREY S	Name	MILLS-JOHNSON, RITA
Address	200 WEST COLLEGE AVE SUITE104	Address	13621 NW 12TH STREET, SUITE 300
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	SUNRISE FL 33323
Title	TRE	Title	CHAI
Name	BENTLEY, BRADFORD	Name	POLLACK, DAVID
Address	4300 NW 89TH BLVD	Address	8300 NW 33RD STREET, SUITE 400
City-State-Zip:	GAINESVILLE FL 32606	City-State-Zip:	DORAL FL 33122

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AUDREY S. BROWN CEO 04/17/2014

Electronic Signature of Signing Officer/Director Detail — Date