

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004992

**FILED**  
**Mar 21, 2013**  
**Secretary of State**  
**CC3891412986**

**Entity Name:** FLORIDA CHOICES NETWORK, INC.

**Current Principal Place of Business:**

4701 N. KEYSTONE AVENUE, SUITE 150  
INDIANAPOLIS, IN 46205

**Current Mailing Address:**

4701 N. KEYSTONE AVENUE, SUITE 150  
INDIANAPOLIS, IN 46205

**FEI Number:** 35-2005131

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

**Officer/Director Detail :**

Title P  
Name KASINGER, COURTNEY  
Address 4701 N. KEYSTONE AVENUE, SUITE 150  
City-State-Zip: INDIANAPOLIS IN 46205

Title CV  
Name HARDEN, ANITA  
Address 7607 NEWPORT BAY DRIVE EAST  
City-State-Zip: INDIANAPOLIS IN 46033

Title VC  
Name GIFFORD, KATHLEEN  
Address 9000 KEYSTONE CROSSING, SUITE 550  
City-State-Zip: INDIANAPOLIS IN 46240

Title DS  
Name KIMBROUGH, MICHELLE  
Address DROP CODE 105  
City-State-Zip: INDIANAPOLIS IN 46285

Title DT  
Name WILLIAMS, SHAWN  
Address 7610 OLD OAKLAND BLVD E, DRIVE  
City-State-Zip: INDIANAPOLIS IN 46236

*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:** COURTNEY KASINGER

**CEO**

**03/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date