No. C 174595	Due no later than August 31, 2008	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720	Annual Report Form 1. Mailing Address - Correct in this box, if applicable ALLIANCE HEALTHCARD OF FLORIDA, INC 3500 PARKWAY LANE STE 720	11100000
NO FILING FEE IF RECEIVED BY DUE DATE	NORCROSS, GA 30092	3. New Registered Agent Signature
Corporations. Enter Names and Business Addresses of President, Secretary and Directors.		
Office held Name		<u> City State Zip</u>
CEO Thomas W.1 Secretary Bradley W.	Suite 720 Nover	ross GA 30092
Carolin 7	. Ulrison 900 36th Ave. NW Swite 105 Norm	nan OK 73072
Company of the control of the contro	a deservation described and response to the contract of the co	nge pe jag sa krigasi, i saga sagarat kanga sagarat kanga kanga kanga kanga kanga kanga kanga kanga kanga kang Kanga kanga ka
5. Organized Under the Laws of: GEORGIA C 174595	Signature House All His	Date 7/8/08
	Name Printed of Thomas W. KIS	Ser Title CEO
Issued 06/02/2008	Do Not Tape or Staple	200808004215