

No. C 174595		Due no later than Aug 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. ALLIANCE HEALTHCARD OF FLORIDA, INC. BENJAMIN SETTLER 200 E RANDOLPH ST CHICAGO IL 60601		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BRETT WIMBERLEY	200 E RANDOLPH ST	CHICAGO	IL	USA	60601	
SECRETARY	MARY MOORE JOHNSON	200 E RANDOLPH ST	CHICAGO	IL	USA	60601	
DIRECTOR	MICHELLE S LEY	200 E RANDOLPH ST	CHICAGO	IL	USA	60601	
TREASURER	PAUL A HAGY	200 E RANDOLPH ST	CHICAGO	IL	USA	60601	
DIRECTOR	ROBERT E LEE III	200 E RANDOLPH ST	CHICAGO	IL	USA	60601	
DIRECTOR	MARY MOORE JOHNSON	200 E RANDOLPH ST	CHICAGO	IL	USA	60601	
5. Organized Under the Laws of: GA C 174595		6. Annual Report must be signed.* Signature: ASSISTANT SECRETARY Name (type or print): ASSISTANT SECRETARY Date: 07/23/2018 Title: MICHELLE S. LEY					
Processed 07/23/2018		* Electronically provided signatures are accepted as original signatures.					