

No. C 174595		Due no later than Aug 31, 2011		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. MARINA K GREEK 900 36TH AVE NW STE 105 NORMAN OK 73072 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
				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	THOMAS W KISER	900 36TH AVENUE NW SUITE 105	NORMAN	OK	USA	73072	
SECRETARY	BRADLEY W. DENISON	900 36TH AVENUE NW SUITE 105	NORMAN	OK	USA	73072	
5. Organized Under the Laws of: GA C 174595		6. Annual Report must be signed.* Signature: Marina Greek Name (type or print): Marina Greek Date: 08/01/2011 Title: Attorney					
Processed 08/01/2011		* Electronically provided signatures are accepted as original signatures.					