

No. C 174595		Due no later than Aug 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALLIANCE HEALTHCARD OF FLORIDA, INC. MICHAEL WILLIAMS 200 E RANDOLPH ST CHICAGO IL 60601 USA		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
DIRECTOR	CHRISTOPHER ASHER	200 E RANDOLPH ST	CHICAGO	IL	USA	60601
PRESIDENT	BRETT WIMBERLEY	200 E RANDOLPH ST	CHICAGO	IL	USA	60601
SECRETARY	MATTHEW M RICE	200 E RANDOLPH ST	CHICAGO	IL	USA	60601
DIRECTOR	MICHELLE S LEY	200 E RANDOLPH ST	CHICAGO	IL	USA	60601
DIRECTOR	MATTHEW M RICE	200 E RANDOLPH ST	CHICAGO	IL	USA	60601
VICE PRESIDENT	MATTHEW M RICE	200 E RANDOLPH ST	CHICAGO	IL	USA	60601
TREASURER	PAUL A HAGY	200 E RANDOLPH ST	CHICAGO	IL	USA	60601
5. Organized Under the Laws of: GA C 174595		6. Annual Report must be signed.* Signature: MICHELLE S LEY Name (type or print): MICHELLE S LEY Date: 08/25/2015 Title: ASST. VP				
Processed 08/25/2015		* Electronically provided signatures are accepted as original signatures.				