

No. C 174595		Due no later than Aug 31, 2009		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		INCORP SERVICES INC 921 S ORCHARD ST STE G BOISE ID 83705 USA			
		1. Mailing Address: Correct in this box if needed. ALLIANCE HEALTHCARD OF FLORIDA, INC. KAREN L. ROBB 900 36TH AVE NW STE 105 NORMAN OK 73072 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	3500 PARKWAY LANE STE 720	NORCROSS	GA	USA	30092	
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: Karen L. Robb Name (type or print): Karen L. Robb Date: 08/12/2009 Title: Assistant Secretary					
Processed 08/12/2009		* Electronically provided signatures are accepted as original signatures.					