

No. <b>C 174595</b>	<b>Due no later than Aug 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ALLIANCE HEALTHCARD OF FLORIDA, INC. MARINA K GREEK 900 36TH AVE NW STE 105 NORMAN OK 73072 USA		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 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:  <b>GA</b> <b>C 174595</b>		6. Annual Report must be signed.* Signature: Bradley W. Denison Name (type or print): Bradley W. Denison			Date: 06/10/2010 Title: Secretary	
Processed 06/10/2010		* Electronically provided signatures are accepted as original signatures.				