

No. <b>C 174595</b>		<b>Due no later than Aug 31, 2016</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> 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
VICE PRESIDENT	PAUL A HAGY	200 E RANDOLPH ST	CHICAGO	IL	USA	60601
VICE PRESIDENT	MARY MOORE JOHNSON	200 E RANDOLPH ST	CHICAGO	IL	USA	60601
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	CHRISTOPHER ASHER	200 E RANDOLPH ST	CHICAGO	IL	USA	60601
5. Organized Under the Laws of:  <b>GA C 174595</b>		6. Annual Report must be signed.* Signature: MICHELLE S LEY Name (type or print): MICHELLE S LEY  Date: 07/29/2016 Title: ASST VP				
Processed 07/29/2016		* Electronically provided signatures are accepted as original signatures.				