RI SOS Filing Number: 201699704330 Date: 06/02/2016 10:32 AM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000311217

2. Name of Corporation Healthcare Cost Containment United Association, Inc.

3. State of Incorporation

State: FL

4. Corporate Address in Rhode Island

No. and Street: 9010 SW 137TH AVENUE, SUITE 213
City or Town: MIAMI, FL State: RI Zip: 33186 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO EDUCATE,IMPROVE, MAINTAIN AND PROTECT THE HEALTH CARE OF ITS MEMBERS AND RELATED SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CARLOS GARCIA	9010 SW 137TH AVE, STE 213 MIAMI, FL 33186 USA
TREASURER	JORGE MARTIN	9010 SW 137TH AVE, SUITE 213 MIAMI, FL 33186 USA
SECRETARY	MIKE APEL	9010 SW 137TH AVE, SUITE 213 MIAMI, FL 33186 USA
ASSISTANT SECRETARY	MORTON HOROWITZ	9010 SW 137TH AVE, SUITE 213

0-1603-0

		MIAMI, FL 33186 USA
DIRECTOR	DARREN APEL	9010 SW 137TH AVE, STE 213 MIAMI, FL 33186 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of June, 2016 at 10:34:26 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CARLOS GARCIA
Signature of Authorized Person

Form No. 631
Revised 09/07