| State of | of Rhode Island and Pro Office of the Secreta | | ns Fee: \$50.00 | | | | | |
|--|--|--------------------------------|----------------------|--|--|--|--|--|
| | Division Of Business Services | | | | | | | |
| | 148 W. River S | | | | | | | |
| | Providence RI 029 | | | | | | | |
| HOPE | (401) 222-3040 | | | | | | | |
| Foreign Business Corpora | ation | | | | | | | |
| Annual Report | | | | | | | | |
| Filing Period: January 1 - March 1 | | | | | | | | |
| In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its | | | | | | | | |
| annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00. | | | | | | | | |
| | ή ψ20.00. | | | | | | | |
| ANNUAL REPORT YEAR: 2019 | | | | | | | | |
| 1. Corporate ID No. 000220320 | | | | | | | | |
| 2. Name of Corporation <u>Alliance HealthCard of Florida, Inc.</u> | | | | | | | | |
| 3. Street Address Principal Bus | iness Office: | | | | | | | |
| No. and Street: 200 E. RA | NDOLPH ST. | | | | | | | |
| City or Town: <u>CHICAG</u> | | e: <u>IL</u> Zip: <u>60601</u> | Country: <u>USA</u> | | | | | |
| | | | - <u>-</u> | | | | | |
| 4. Business Phone No. | | | | | | | | |
| <u>3123817174</u> | | | | | | | | |
| 5. State of Incorporation | | | | | | | | |
| State: <u>GA</u> | | | | | | | | |
| | ARTICLE III | | | | | | | |
| Enter the six digit NAICS Code the | at best describes the primary | business conducted by | the entity. Download | | | | | |
| the list of codes <u>here.</u> More inform | | • | | | | | | |
| 524208 | | | | | | | | |
| <u>524298</u> | | | | | | | | |
| 6. Brief Description of the Char | acter of Business Conducte | ed in Rhode Island | | | | | | |
| | | | | | | | | |
| DISCOUNT MEDICAL PLAN | N ORGANIZATION AND | OPERATOR | | | | | | |
| 7. Names and Addresses of the | Officers and Directors: | | | | | | | |
| | at he listed | | | | | | | |
| All officers and directors must be listed. | | | | | | | | |
| Title | Individual Name | Add | ress | | | | | |
| | First, Middle, Last, Suffix | Address, City or Town, S | | | | | | |
| PRESIDENT | BRETT WIMBERLEY | · · · | ANDOLPH ST. | | | | | |

PAUL A. HAGY

200 E. RANDOLPH ST.

TREASURER

| | CHICAGO, IL 60601 USA | |
|--------------------|--|--|
| MARY MOORE JOHNSON | 200 E. RANDOLPH ST. | |
| | CHICAGO, IL 60601 USA | |
| MICHELLE S LEY | 200 E. RANDOLPH ST. | |
| | CHICAGO, IL 60601 USA | |
| MICHELLE S LEY | 200 E. RANDOLPH ST. | |
| | CHICAGO, IL 60601 USA | |
| MARY MOORE JOHNSON | 200 E. RANDOLPH ST. | |
| | CHICAGO, IL 60601 USA | |
| ROBERT E LEE III | 200 E RANDOLPH ST | |
| | CHICAGO, IL 60601 USA | |
| | MICHELLE S LEY MICHELLE S LEY MARY MOORE JOHNSON | |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares Number of Shares | Total Issued and Outstanding <i>Num of</i> <i>Shares</i> |
|----------------|-----------------|---------------------|--|--|
| CWP | | \$0.0100 | 10,000,000.00 | 16250 |

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 14 Day of February, 2019 at 1:14:25 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHELLE S LEY

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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