

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006312

FILED
Apr 06, 2011
Secretary of State

Entity Name: HEALTHSMART BENEFIT SOLUTIONS, INC.

Current Principal Place of Business:

222 W LAS COLINAS BLVD
STE 600 NORTH
IRVING, TX 75039

New Principal Place of Business:

Current Mailing Address:

222 W LAS COLINAS BLVD
STE 600 NORTH
IRVING, TX 75039

New Mailing Address:

FEI Number: 36-4099199 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: PARKER, TED L
Address: 222 W LAS COLINAS BLVD STE 600 NORTH
City-St-Zip: IRVING, TX 75039

Title: P
Name: PENNINGTON, JAMES M
Address: 222 W LAS COLINAS BLVD STE 600 NORTH
City-St-Zip: IRVING, TX 75039

Title: VPST
Name: DEMBERECKYJ, WILLIAM
Address: 222 W LAS COLINAS BLVD STE 600 NORTH
City-St-Zip: IRVING, TX 75039

Title: D
Name: CROWLEY, DANIEL
Address: 1730 I. STREET #101
City-St-Zip: SACRAMENTO, CA 95811

Title: D
Name: BANKS, THOMAS R III
Address: 2 GREENWICH PLAZA, 1ST FLOOR
City-St-Zip: GREENWICH, CT 06830

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM DEMBERECKYJ

VPST

04/06/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date