

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006312

Entity Name: HEALTHSMART BENEFIT SOLUTIONS, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 36-4099199

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title D
Name GARRISON, GARY N
Address 4242 N.E. SAVANNAH ROAD
City-State-Zip: JENSEN BEACH FL 34957

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

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

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

Title D
Name BANKS, THOMAS RIII
Address 2 GREENWICH PLAZA, 1ST FLOOR
City-State-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 D. DEMBERECKYJ

VP, SEC, TREASURER

03/20/2013

Electronic Signature of Signing Officer/Director Detail

Date