

1.) CORPORATION NAME:

DUE DATE: **7/31/2014**

**Seitlin Benefits Corporation**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1796988**

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 CORPORATE DR., STE 400

CITY/ST/ZIP: FT LAUDERDALE, FL 33334

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: Shannon Alfonso TITLE: PRESIDENT ADDRESS: 1000 Corporate Dr., Ste. 400 CITY/ST/ZIP/CO: Ft. Lauderdale, FL 33334</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Mario Careaga TITLE: VICE PRESIDENT ADDRESS: 1000 Corporate Dr., Ste. 400 CITY/ST/ZIP/CO: Ft. Lauderdale, FL 33334</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Norma Borrego TITLE: VICE PRESIDENT ADDRESS: 1000 Corporate Dr., Ste. 400 CITY/ST/ZIP/CO: Ft. Lauderdale, FL 33334</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Kevin White TITLE: VICE PRESIDENT ADDRESS: 1000 Corporate Dr., Ste. 400 CITY/ST/ZIP/CO: Ft. Lauderdale, FL 33334</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: William Grossman TITLE: VICE PRESIDENT ADDRESS: 1000 Corporate Dr., Ste. 400 CITY/ST/ZIP/CO: Ft. Lauderdale, FL 33334</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Ramona Flumara TITLE: VICE PRESIDENT ADDRESS: 1000 Corporate Dr., Ste. 400 CITY/ST/ZIP/CO: Ft. Lauderdale, FL 33334</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Jackman PRESIDENT 1000 Corporate Dr., Ste. 400 Ft. Lauderdale, FL 33334	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Shannon Alfonso SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Shannon Alfonso, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/4/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			