

1.) CORPORATION NAME:

**HEALTH SERVICES ADVISORY GROUP OF FLORIDA, INC.**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH LTD  
250 BROWNS HILL COURT  
MIDLOTHIAN, VA**

SCC ID NO: **F1930231**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5201 W. Kennedy Blvd. Suite 900

CITY/ST/ZIP: Tampa, FL 33609

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: MARY ELLEN DALTON TITLE: PRESIDENT ADDRESS: 3133 E CAMELBACK ROAD SUITE 300 CITY/ST/ZIP/CO: TAMPA, FL 33609</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: TONY FREEDMAN TITLE: CEO ADDRESS: 5201 W KENNEDY BLVD SUITE 900 CITY/ST/ZIP/CO: TAMPA, FL 33609</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOELLEN TENISON TITLE: Secretary, CFO ADDRESS: 3133 E CAMELBACK ROAD SUITE 300 CITY/ST/ZIP/CO: PHOENIX, AZ 33609</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: AZZAM ADHAL TITLE: DIRECTOR ADDRESS: 5201 W KENNEDY BLVD SUITE 900 CITY/ST/ZIP/CO: TAMPA, FL 33609</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES PALERMO TITLE: DIRECTOR ADDRESS: 5201 W KENNEDY BLVD SUITE 900 CITY/ST/ZIP/CO: TAMPA, FL 33609</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME:	Diane Marcello	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5201 W. Kennedy Blvd.		
CITY/ST/ZIP/CO:	Suite 900 Tampa, FL 33609		

NAME:	Kathryn Hyer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5201 W. Kennedy Blvd.		
CITY/ST/ZIP/CO:	Suite 900 Tampa, FL 33609		

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/ MARY ELLEN DALTON	MARY ELLEN DALTON,	5/29/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT PRINTED NAME AND CORPORATE TITLE	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.