

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056190

FILED
Apr 26, 2005
Secretary of State

Entity Name: HEALTHSUN HEALTH PLANS, LLC

Current Principal Place of Business:

C/O ALEXANDER FUSTER, MANAGER
1205 S.W. 37TH AVENUE, SUITE #201
MIAMI, FL 33135

New Principal Place of Business:

New Mailing Address:

1205 S.W. 37TH AVENUE#201
MIAMI, FL 33135

Current Mailing Address:

C/O MARC H. AUERBACH, ESQ.
201 S. BISCAYNE BLVD., SUITE 2000
MIAMI, FL 33131

FEI Number: 20-0660407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUERBACH, MARC H ESQ.
201 S. BISCAYNE BLVD., SUITE 2000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

FUSTER, ALEXANDER
1205 S.W. 37TH AVENUE#201
MIAMI, FL 33135 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: ALEXANDER FUSTER

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FUSTER, ALEXANDER
Address: 1205 SW 37TH AVENUE, SUITE 201
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALEXANDER FUSTER

MGR

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date