

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021741

FILED
Mar 03, 2005
Secretary of State

Entity Name: COMMUNITY DISCOUNT HEALTH PLAN LLC

Current Principal Place of Business:

2216 FOUNTAIN KEY CIRCLE
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

2216 FOUNTAIN KEY CIRCLE
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 20-0988134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PECK, BRYAN
2216 FOUNTAIN KEY CIRCLE
WINDERMERE, FL 34786 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PECK, BRYAN
Address: 2216 FOUNTAIN KEY CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: GONZALEZ, PLINIO
Address: 7991 SW 122 STREET
City-St-Zip: MIAMI, FL 33156

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: BRYAN PECK

MGRM

03/03/2005

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