

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000012922

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** HEALTH INSURANCE PROFESSIONALS, LLC

**Current Principal Place of Business:**

8505 CHARTER CLUB CIR., #3  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

8505 CHARTER CLUB CIR., #3  
FT. MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 65-1267670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HRAD, THOMAS J  
205 CAROLINA JASMINE LANE  
SAINT JOHNS, FL 32259 US

**Name and Address of New Registered Agent:**

SCHROEDER, JASON H  
8625 CHARTER CLUB CIRCLE #7  
FORT MYERS, FL 33919 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:** JASON H. SCHROEDER

04/22/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HRAD, MICHAEL R  
**Address:** 8505 CHARTER CLUB CIR., #3  
**City-St-Zip:** FT. MYERS, FL 33919

**Title:** P  
**Name:** HRAD, MICHAEL R  
**Address:** 8505 CHARTER CLUB CIR., #3  
**City-St-Zip:** FT. MYERS, FL 33919

I hereby 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:** MICHAEL R. HRAD

MGR

04/22/2012

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