


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

5/4. **FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90190 019 \*\*\*150.00

DOCUMENT # P04000048800					
1. Entity Name HEALTHSUN HEALTH PLANS, INC.					
Principal Place of Business C/O NARC H. AUERBACH, ESQ. 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131			Mailing Address C/O NARC H. AUERBACH, ESQ. 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0982649	
				Applied For Not Applicable	
5. Certificate of Status Desired			5. Certificate of Status Desired		
<input type="checkbox"/>			<input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
-AUERBACH, MARC H 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		NAME	DIP		
STREET ADDRESS		STREET ADDRESS	Alexandra Fuster		
CITY-ST-ZIP		CITY-ST-ZIP	1205 S.W. 37th Ave, #201		
			Miami, FL 33135		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		NAME	DIP		
STREET ADDRESS		STREET ADDRESS	Claudio Alvarez		
CITY-ST-ZIP		CITY-ST-ZIP	1205 S.W. 37th Ave, #201		
			Miami, FL 33135		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		NAME	Ramon Corona		
STREET ADDRESS		STREET ADDRESS	1205 S.W. 37th Ave, #201		
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33135		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		3/5/2005 305-448-8100			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			