

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048800

FILED
Apr 29, 2009
Secretary of State

Entity Name: HEALTHSUN HEALTH PLANS, INC.

Current Principal Place of Business:

200 S. BISCAYNE BLVD.
SUITE #3900
MIAMI, FL 33131

New Principal Place of Business:

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

Current Mailing Address:

200 S. BISCAYNE BLVD.
SUITE #3900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-0982649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUERBACH, MARC H
200 S. BISCAYNE BLVD.
SUITE #3900
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: DV () Delete
Name: ALVAREZ, CLAUDIO
Address: 1205 SW 37TH AVENUE, #201
City-St-Zip: MIAMI, FL 33135

Title: DT () Delete
Name: CORONA, RAMON
Address: 1205 SW 37TH AVENUE, #201
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER FUSTER

DP

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date