

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048800

FILED  
Apr 29, 2010  
Secretary of State

Entity Name: HEALTHSUN HEALTH PLANS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RAMON CORONA

DIR

04/29/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date