

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048800

**FILED**  
**Apr 18, 2012**  
**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:**

3250 MARY STREET  
SUITE 300  
COCONUT GROVE, FL 33133

**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

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** FUSTER, ALEXANDER  
**Address:** 3250 MARY STREET, SUITE 300  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** DV  
**Name:** ALVAREZ, CLAUDIO  
**Address:** 3250 MARY STREET, SUITE 300  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** DT  
**Name:** CORONA, RAMON  
**Address:** 3250 MARY STREET, SUITE 300  
**City-St-Zip:** COCONUT GROVE, FL 33133

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: ALEXANDER FUSTER

PD

04/18/2012

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

\_\_\_\_\_ Date