

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000012922

1. Entity Name  
HEALTH INSURANCE PROFESSIONALS, LLC



Principal Place of Business

9569 GLADIOLUS PRESERVE CIRCLE  
FT. MYERS, FL 33908

Mailing Address

9569 GLADIOLUS PRESERVE CIRCLE  
FT. MYERS, FL 33908



01222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1267670

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HRAD, MICHAEL R  
9569 GLADIOLUS PRESERVE CIRCLE  
FT. MYERS, FL 33908

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000807664  
02/07/08-80017-024 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HRAD, MICHAEL R  
9569 GLADIOLUS PRESERVE CIRCLE  
FT. MYERS, FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HRAD, MICHAEL R  
9569 GLADIOLUS PRESERVE CIRCLE  
FT. MYERS, FL 33908

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NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-28-08 239-699-1543