

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056190

FILED
Apr 28, 2008
Secretary of State

Entity Name: HEALTHSUN HEALTH PLANS, LLC

Current Principal Place of Business:

C/O ALEXANDER FUSTER, MANAGER
1205 S.W. 37TH AVENUE, SUITE #201
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-0660407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUSTER, ALEXANDER
1205 S.W. 37TH AVENUE#201
MIAMI, FL 33135 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

MANAGING MEMBERS/MANAGERS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FUSTER, ALEXANDER
Address: 1205 SW 37TH AVENUE
City-St-Zip: MIAMI, FL 33135

Title: MGR () Change (X) Addition
Name: CORONA, RAMON
Address: 1205 SW 37 AVENUE
City-St-Zip: MIAMI, FL 33135

Title: MGR () Change (X) Addition
Name: ALVAREZ, CLAUDIO
Address: 1205 SW 37 AVENUE
City-St-Zip: MIAMI, FL 33135

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 is true and accurate and that my electronic 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: ALEXANDER FUSTER

MGRM

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date