

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000048800

**Entity Name:** HEALTHSUN HEALTH PLANS, INC.

**FILED**  
**Apr 15, 2013**  
**Secretary of State**  
**CC0212524420**

**Current 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

**FEI Number:** 20-0982649

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

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

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

Title DT  
Name CORONA, RAMON  
Address 3250 MARY STREET, SUITE 300  
City-State-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

**DIRECTOR**

**04/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date