

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056190

Entity Name: HEALTHSUN HEALTH PLANS, LLC

Current Principal Place of Business:

C/O ALEXANDER FUSTER, MANAGER
3250 MARY STREET #400
COCONUT GROVE, FL 33133

Current Mailing Address:

C/O ALEXANDER FUSTER, MANAGER
3250 MARY STREET #400
COCONUT GROVE, FL 33133 US

FEI Number: 20-0660407

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FUSTER, ALEXANDER
3250 MARY STREET #400
COCONUT GROVE, FL 33133 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

Authorized Person(s) Detail :

Title MGR
Name FUSTER, ALEXANDER
Address 3250 MARY STREET #400
City-State-Zip: COCONUT GROVE FL 33133

Title MGR
Name CORONA, RAMON
Address 3250 MARY STREET #400
City-State-Zip: COCONUT GROVE FL 33133

Title MGR
Name ALVAREZ, CLAUDIO
Address 3250 MARY STREET #400
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAMON CORONA

DIRECTOR

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date