2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2013
Secretary of State
CC2838021074

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Entity Name: HEALTHSUN HEALTH PLANS, LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 20-0660407

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FUSTER, ALEXANDER
3250 MARY STREET
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	Title	MGR
Name	FUSTER, ALEXANDER	Name	CORONA, RAMON
Address	3250 MARY STREET	Address	3250 MARYSTREET
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133

Title	MGR
Name	ALVAREZ, CLAUDIO
Address	3250 MARY STREET
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEXANDER FUSTER MGR 04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date