

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012922

Entity Name: HEALTH INSURANCE PROFESSIONALS, LLC

Current Principal Place of Business:

8148 COUNTRY RD #102
FT. MYERS, FL 33919

Current Mailing Address:

8148 COUNTRY ROAD # 102
FT. MYERS, FL 33919 US

FEI Number: 65-1267670

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CZEKALINSKI, ROBERT S
6523 CONVERSE ST
FORT MYERS, FL 33919 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: ROBERT S. CZEKALINSKI

04/12/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HRAD, MICHAEL R
Address 8148 COUNTRY RD #102
City-State-Zip: FT. MYERS FL 33919

Title P
Name HRAD, MICHAEL R
Address 8148 COUNTRY ROAD #102
City-State-Zip: FT. MYERS FL 33919

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: MICHAEL R. HRAD

MGR

04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date