

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000049222

**Entity Name:** FLORIDA PATIENTS' BENEFITS, LLC

**Current Principal Place of Business:**

3222 CORRINE DRIVE, SUITE E  
ORLANDO, FL 32803

**Current Mailing Address:**

3222 CORRINE DRIVE, SUITE E  
ORLANDO, FL 32803

**FEI Number:** 26-0384058

**Certificate of Status Desired:** No

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

CULBERTSON, RICHARD A  
3222 CORRINE DRIVE, SUITE E  
ORLANDO, FL 32803 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 MGRM  
Name BENITEZ, AGUSTIN R  
Address 1223 E. CONCORD STREET  
City-State-Zip: ORLANDO FL 32803

*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:** AGUSTIN R. BENITEZ

MGRM

04/12/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date