

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000983

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** CONSUMER DIRECTED HEALTHPLANS, INC.

**Current Principal Place of Business:**

861 SW 78TH AVE., SUITE 200  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

861 SW 78TH AVE., SUITE 200  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 20-1968928      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROSENTHAL, JANIS ESQUIRE  
861 SW 78TH AVE., SUITE 200  
PLANTATION, FL 33324    US

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

HERRERA, CARLOS M D  
861 SW 78TH AVE., SUITE 200  
PLANTATION, FL 33324    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: CARLOS M HERRERA      04/30/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HERRERA, CARLOS  
Address: 861 SW 78TH AVE., SUITE 200  
City-St-Zip: PLANTATION, FL 33324

Title: D      ( ) Delete  
Name: LUIS, RENE  
Address: 861 SW 78TH AVE., SUITE 200  
City-St-Zip: PLANTATION, FL 33324

Title: D      ( ) Delete  
Name: BONDS, CAROLINE  
Address: 861 SW 78TH AVE., SUITE 200  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARLOS M HERRERA      D      04/30/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date