

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 23, 2009  
Secretary of State**

DOCUMENT# F05000000983

Entity Name: CONSUMER DIRECTED HEALTHPLANS, INC.

**Current Principal Place of Business:**

2941 W CYPRESS CREEK ROAD  
SUITE 202  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

2941 W CYPRESS CREEK ROAD  
SUITE 202  
FORT LAUDERDALE, FL 33309

**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:**

HERRERA, CARLOS M D  
2941 W CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309      US

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

HERRERA, CARLOS M D  
2941 W CYPRESS CREEK ROAD  
SUITE 202  
FORT LAUDERDALE, FL 33309 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      06/23/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HERRERA, CARLOS  
Address: 2941 W CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D      ( ) Delete  
Name: LUIS, RENE  
Address: 2941 W CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D      (X) Delete  
Name: DISDGIERTT, DANIEL  
Address: 2941 W CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309

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

Title: D      (X) Change ( ) Addition  
Name: HERRERA, CARLOS  
Address: 2941 W CYPRESS CREEK ROAD; SUITE202  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D      (X) Change ( ) Addition  
Name: DISDGIERTT, DANIEL  
Address: 2941 W. CYPRESS CREEK ROAD;SUITE 202  
City-St-Zip: FORT LAUDERDALE, FL 33309

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      06/23/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date