2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000000983

Entity Name: CONSUMER DIRECTED HEALTHPLANS, INC.

FILED Jun 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

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

HERRERA, CARLOS M D

2941 W CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: HERRERA, CARLOS Name: HERRERA, CARLOS

Address: 2941 W CYPRESS CREEK ROAD Address: 2941 W CYPRESS CREEK ROAD; SUITE202

City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33309

Name: LUIS, RENE Name: DISDGIERTT, DANIEL

Address: 2941 W CYPRESS CREEK ROAD Address: 2941 W. CYPRESS CREEK ROAD:SUITE 202

City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Delete Title: () Change () Addition

 Name:
 DISDGIERTT, DANIEL
 Name:

 Address:
 2941 W CYPRESS CREEK ROAD
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33309
 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