

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90132 024 \*\*\*\*50.00

<b>DOCUMENT # L00000003231</b> 1. Entity Name <b>HEALTH BENEFITS ONLINE, LC</b>					
Principal Place of Business <b>7149 SE RIVERS EDGE ST. JUPITER, FL 33458</b>			Mailing Address <b>P.O. BOX 2169 JUPITER, FL 33468</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0991807</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STRAUSS, JOSEPH A 7149 SE RIVERS EDGE ST. JUPITER, FL 33458</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept, the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004.</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WRBA, CHRISTOPHER 3060 TOTTKA COVE LONGWOOD, FL 32779</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DINZIK, DOUGLAS 18280 S.E. RIDGEVIEW DR. TEQUESTA, FL 33469</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DEVOCHT, STEFAN 11463 SUNDANCE LN BOCA RATON, FL 33428</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KAISER, GERALD 44 BACON RD. OLD WESTBURY, NY</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WHITFIELD, TIMOTHY 5000 N. OCEAN BLVD., APT. 207 FT. LAUDERDALE, FL 33308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b> _____ <b>T. WHITEFIELD</b> <b>MANAGER</b> <b>April 30, 2004</b> <b>(954) 727 5012</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

24063565



04282004 Chg-LLC CR2E083 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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**SIGNATURE:** \_\_\_\_\_ **T. WHITEFIELD** **MANAGER** **April 30, 2004** **(954) 727 5012**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #