2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000003425

1. Entity Name
HEALTH CARE BENEFITS OF AMERICA, LLC

Principal Place of Business	Mailing Address
2706 ALT. 19 N, SUITE 200 PALM HARBOR, FL 34683	2706 ALT. 19 N, SUITE 200 PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

01212004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3714750	Not Applicable

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

6. Name and Address of Current Registered Agent

ROTH, ALLAN
3060 ALTERNATE 19 N B19
PALM HARBOR, FL 34683

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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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE, Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ROTH, ALLAN
STREET ADDRESS	3060 ALT 19 N B19
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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03/04/04-80009-019 50.00

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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.

SIGNATURE: _____   2/29/04   7277898510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #