

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000003425

FILED
Sep 05, 2006
Secretary of State

Entity Name: HEALTH CARE BENEFITS OF AMERICA, LLC

Current Principal Place of Business:

2706 ALT. 19 N, SUITE 200
PALM HARBOR, FL 34683

New Principal Place of Business:

260 PENNSYLVANIA AVE, STE A
PALM HARBOR, FL 34683

Current Mailing Address:

2706 ALT. 19 N, SUITE 200
PALM HARBOR, FL 34683

New Mailing Address:

PO BOX 926
PALM HARBOR, FL 34683

FEI Number: 59-3714750 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROTH, ALLAN
260 PENNSYLVANIA AVE, STE A
PALM HARBOR, FL 34683 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: ALLAN M. ROTH

09/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROTH, ALLAN
Address: 3060 ALT 19 N B19
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROTH, ALLAN
Address: 260 PENNSYLVANIA AVE, STE A
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALLAN M. ROTH

MGR

09/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date