


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

05-22-2008 90516 024 ***138.75

DOCUMENT # L01000003425 1. Entity Name HEALTH CARE BENEFITS OF AMERICA, LLC					
Principal Place of Business 260 PENNSYLVANIA AVE, STE A PALM HARBOR, FL 34683			Mailing Address PO BOX 926 PALM HARBOR, FL 34683		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3714750	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROTH, ALLAN 260 PENNSYLVANIA AVE, STE A PALM HARBOR, FL 34683				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ROTH, ALLAN 260 PENNSYLVANIA AVE, STE A PALM HARBOR, FL 34683 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 6/17/08 Daytime Phone # 727 652 8940		

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