

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000003425

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** HEALTH CARE BENEFITS OF AMERICA, LLC

**Current Principal Place of Business:**

151 19TH ST  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

1397 ROLLING RIDGE ROAD  
PALM HARBOR, FL 34684

**Current Mailing Address:**

PO BOX 926  
PALM HARBOR, FL 34683

**New Mailing Address:**

PO BOX 926  
PALM HARBOR, FL 34682

**FEI Number:** 59-3714750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROTH, ALLAN  
151 19TH ST  
PALM HARBOR, FL 34683 US

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

ROTH, ALLAN  
1397 ROLLING RIDGE ROAD  
PALM HARBOR, FL 34684 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 ROTH

01/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ROTH, ALLAN  
Address: 1397 ROLLING RIDGE ROAD  
City-St-Zip: PALM HARBOR, FL 34684

I hereby 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 ROTH

MGR

01/05/2011

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