

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011679

FILED
Jul 06, 2004
Secretary of State

Entity Name: HEALTH PLAN INTERMEDIARIES, LLC

Current Principal Place of Business:

15436 N. FLORIDA AVE.
SUITE 105
TAMPA, FL 336131248

New Principal Place of Business:

Current Mailing Address:

15436 N. FLORIDA AVE.
SUITE 105
TAMPA, FL 336131248

New Mailing Address:

FEI Number: 54-2105298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSLOSKE, MICHAEL W
15436 N. FLORIDA AVE.
SUITE 105
TAMPA, FL 336131248

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: KOSLOSKE, MICHAEL W
Address: 15436 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 336131248

Title: MGR () Delete
Name: HERSHBERGER, MICHAEL D
Address: 7617 MINERAL POINT ROAD
City-St-Zip: MADISON, WI 53717

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL W KOSLOSKE

MGR

07/06/2004

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