

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011679

FILED  
Jul 13, 2007  
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:

218 E. BEARSS AVE  
SUITE 326  
TAMPA, FL 33613

## Current Mailing Address:

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

## New Mailing Address:

1002 TARAY DE AVILA  
TAMPA, FL 33613

FEI Number: 54-2105298      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

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

## Name and Address of New Registered Agent:

KOSLOSKE, MICHAEL W  
1002 TARAY DE AVILA  
TAMPA, FL 33613 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: MICHAEL W. KOSLOSKE

07/13/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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: MGR (X) Change ( ) Addition  
Name: KOSLOSKE, MICHAEL W  
Address: 1002 TARAY DE AVILA  
City-St-Zip: TAMPA, FL 33613

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

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

MR.

07/13/2007

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