

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011679

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: HEALTH PLAN INTERMEDIARIES, LLC

## Current Principal Place of Business:

218 E. BEARSS AVE  
SUITE 325  
TAMPA, FL 33613

## New Principal Place of Business:

218 E BEARSS AVENUE  
SUITE 325  
TAMPA, FL 33613

## Current Mailing Address:

1002 TARAY DE AVILA  
TAMPA, FL 33613

## New Mailing Address:

218 E BEARSS AVENUE  
SUITE 325  
TAMPA, FL 33613

FEI Number: 54-2105298

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KOSLOSKE, MICHAEL W  
1002 TARAY DE AVILA  
TAMPA, FL 33613 US

## Name and Address of New Registered Agent:

KOSLOSKE, MICHAEL W  
218 E BEARSS AVENUE  
SUITE 325  
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

03/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

Title: MGR (X) Delete  
Name: KOSLOSKE, LORI A  
Address: 1002 TARAY DE AVILA  
City-St-Zip: TAMPA, FL 33613 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KOSLOSKE, MICHAEL W  
Address: 218 E BEARSS AVE, SUITE 325  
City-St-Zip: TAMPA, FL 33613

Title: MGRM (X) Change ( ) Addition  
Name: NAYLOR GROUP PARTNER, S  
Address: 191 SHEREE BOULEVARD  
City-St-Zip: EXTON, PA 19341 US

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

MGRM

03/09/2009

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