

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000011679

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** HEALTH PLAN INTERMEDIARIES, LLC

**Current Principal Place of Business:**

218 E BEARSS AVENUE  
SUITE 325  
TAMPA, FL 33613

**New Principal Place of Business:**

15438 N FLORIDA AVE  
SUITE 201  
TAMPA, FL 33613

**Current Mailing Address:**

218 E BEARSS AVENUE  
SUITE 325  
TAMPA, FL 33613

**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  
218 E BEARSS AVENUE  
SUITE 325  
TAMPA, FL 33613 US

**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:** MICHAEL KOSLOSKE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KOSLOSKE, MICHAEL W  
**Address:** 218 E BEARSS AVE, SUITE 325  
**City-St-Zip:** TAMPA, FL 33613

**Title:** MGRM  
**Name:** NAYLOR GROUP PARTNERS  
**Address:** 191 SHEREE BOULEVARD  
**City-St-Zip:** EXTON, PA 19341 US

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:** MICHAEL KOSLOSKE

MGRM

10/04/2010

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