2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# L03000011679

Entity Name: HEALTH PLAN INTERMEDIARIES, LLC

Current Principal Place of Business:

15438 N FLORIDA AVE
SUITE 201
TAMPA, FL 33613

New Principal Place of Business:

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: _____

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

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 Statues.

SIGNATURE: MICHAEL W. KOSLOSKE MGRM 01/04/2012

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