## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000056190

**Current Principal Place of Business:** 

Entity Name: HEALTHSUN HEALTH PLANS, LLC

**FILED** Apr 28, 2009 Secretary of State

Date

() Change () Addition

**New Principal Place of Business:** 

C/O ALEXANDER FUSTER, MANAGER 1205 S.W. 37TH AVENUE, SUITE #201 MIAMI, FL 33135 **Current Mailing Address: New Mailing Address:** 1205 S.W. 37TH AVENUE#201 MIAMI, FL 33135 FEI Number: 20-0660407 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FUSTER, ALEXANDER 1205 S.W. 37TH AVENUE#201 MIAMI, FL 33135 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:

## MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES: MGR Title: () Delete

Electronic Signature of Registered Agent

FUSTER, ALEXANDER Name: Name: Address: 1205 SW 37TH AVENUE Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: CORONA, RAMON Name: Address: 1205 SW 37 AVENUE Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

ALVAREZ, CLAUDIO Name: Name: 1205 SW 37 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33135 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: ALEXANDER FUSTER 04/28/2009