

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 09, 2007
Secretary of State**

DOCUMENT# L04000039590

Entity Name: C1 BENEFITS, LLC

Current Principal Place of Business:

2710 REW CIRCLE
200
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2710 REW CIRCLE
200
OCOEE, FL 34761

New Mailing Address:

FEI Number: 20-1153753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C1 HEALTH GROUP, LLC
2710 REW CIRCLE
200
OCOEE, FL 34761 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 () Delete
Name: C1 HEALTH GROUP, LLC,
Address: 2710 REW CIRCLE, STE 200
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROGERS KIRVEN

MGM

01/09/2007

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