2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
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:

2716 REW CIRCLE
SUITE 101
OCOEE, FL 34761

Current Mailing Address:

2710 REW CIRCLE
200
OCOEE, FL 34761

New Mailing Address:

2716 REW CIRCLE
SUITE 101
OCOEE, FL 34761

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:

SPURLIN, WILLIAM C MGMR
2716 REW CIRCLE
SUITE 101
OCOEE, FL 34761 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: WILLIAM C. SPURLIN 04/30/2009
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: MGRM (X) Change ( ) Addition
Name: SPURLIN, WILLIAM C MGMR
Address: 2716 REW CIRCLE
City-St-Zip: OCOEE, FL 34761

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: WILLIAM C. SPURLIN MGMR 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date