

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060229

FILED  
May 17, 2006  
Secretary of State

Entity Name: HEALTH PLANS, LLC

**Current Principal Place of Business:**

3423 BALTUSROL LANE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

3423 BALTUSROL LANE  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 54-2158127      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CUTCHER, SHIRLEY  
3423 BALTUSROL LANE  
LAKE WORTH, FL 33467      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CUTCHER, SHIRLEY  
Address: 3423 BALTUSROL LANE  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR      ( ) Delete  
Name: CUTCHER, WILLIAM  
Address: 3423 BALTUSROL LANE  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES:**

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

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: WILLIAM CUTCHER

MGR

05/17/2006

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