2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

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Entity Name: HEALTH PLAN PARTNERS, LLC

Current Principal Place of Business:

2100 BILLMAR LN NORTH
SAINT PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

2100 BILLMAR LN NORTH
SAINT PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 51-0523595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTLER, CHARLES R
2100 BILLMAR LN NORTH
SAINT PETERSBURG, FL 33714 US

Name and Address of New Registered Agent:

GOVAN LAW GROUP
542 BAY AVENUE
CLEARWATER, FL 33756 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: JAN T. GOVAN, ESQ. 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BUTLER, CHARLES R
Address: 2100 BILLMAR LN NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714

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 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: CHARLES R. BUTLER MGRM 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date