

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064022

FILED
Apr 06, 2009
Secretary of State

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:

GOVAN LAW GROUP
542 BAY AVENUE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

CHARLES BUTLER
2100 BILLMAR LANE NORTH
SAINT PETERSBURG, FL 33714 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: CHARLES R. BUTLER

04/06/2009

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

04/06/2009

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