

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069957

FILED
Jan 12, 2005
Secretary of State

Entity Name: HEALTH PLANS PLUS, L.L.C.

Current Principal Place of Business:

233 NORTH FEDERAL HIGHWAY
STE. 37
DANIA BEACH, FL 33004

New Principal Place of Business:

233 NORTH FEDERAL HIGHWAY
STE. 69
DANIA BEACH, FL 33004

Current Mailing Address:

233 NORTH FEDERAL HIGHWAY
STE. 37
DANIA BEACH, FL 33004

New Mailing Address:

233 NORTH FEDERAL HIGHWAY
STE. 69
DANIA BEACH, FL 33004

FEI Number: 20-1665915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERLMAN, YEVOLI & ALBRIGHT, P.L.
1500 NORTH FEDERAL HIGHWAY
STE. 250
FORT LAUDERDALE, FL 33304 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/MEMBERS:

Title: MGRM () Delete
Name: ZUCKER, EDWARD
Address: 233 NORTH FEDERAL HIGHWAY, STE. 37
City-St-Zip: DANIA BEACH, FL 33004

Title: MGRM () Delete
Name: POLESNE, DAVID
Address: 4363 SW 10TH PLACE
City-St-Zip: DEERFIELD BEACH, FL 33442

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 Section 119.07(3)(i), 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: EDDIE ZUCKER

MGR

01/12/2005

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