

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089056

FILED
Jul 08, 2005
Secretary of State

Entity Name: QUEST HEALTH BENEFITS, LLC

Current Principal Place of Business:

902 CLINT MOORE RD
C/O GREENE & ASSOCIATES STE 132
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

902 CLINT MOORE RD
C/O GREENE & ASSOCIATES STE 132
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-2188137 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:

H ELLIOTT GREENE & ASSOCIATES, P.A.
902 CLINT MOORE RD
132
BOCA RATON, FL 33487 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: SPINELLI, SALVATORE
Address: 902 CLINT MOORE RD STE132
City-St-Zip: BOCA RATON, FL 33487

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 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: SALVATORE SPINELLI

MGRM

07/08/2005

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