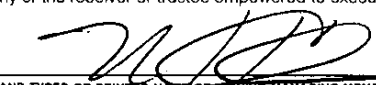


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90043 025 ****50.00

DOCUMENT # L06000012922 1. Entity Name HEALTH INSURANCE PROFESSIONALS, LLC					
Principal Place of Business 9569 GLADIOLUS PRESERVE CIRCLE FT. MYERS, FL 33908			Mailing Address 9569 GLADIOLUS PRESERVE CIRCLE FT. MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1267670	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HRAD, MICHAEL R 9569 GLADIOLUS PRESERVE CIRCLE FT. MYERS, FL 33908				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HRAD, MICHAEL R 9569 GLADIOLUS PRESERVE CIRCLE FT. MYERS, FL 33908	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HRAD, MICHAEL R 9569 GLADIOLUS PRESERVE CIRCLE FT. MYERS, FL 33908	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 2-11-07 Daytime Phone # 239-699-1543					