

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012922

FILED
Mar 18, 2010
Secretary of State

Entity Name: HEALTH INSURANCE PROFESSIONALS, LLC

Current Principal Place of Business:

9569 GLADIOLUS PRESERVE CIRCLE
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

9569 GLADIOLUS PRESERVE CIRCLE
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 65-1267670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HRAD, MICHAEL R
9569 GLADIOLUS PRESERVE CIRCLE
FT. MYERS, FL 33908 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/MANAGERS:

Title: MGRM
Name: HRAD, MICHAEL R
Address: 9569 GLADIOLUS PRESERVE CIRCLE
City-St-Zip: FT. MYERS, FL 33908

Title: P
Name: HRAD, MICHAEL R
Address: 9569 GLADIOLUS PRESERVE CIRCLE
City-St-Zip: FT. MYERS, FL 33908

I hereby 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: MICHAEL R. HRAD, PRESIDENT

MGRM

03/18/2010

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