2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# L06000012922

Entity Name: HEALTH INSURANCE PROFESSIONALS, LLC

Current Principal Place of Business:

8505 CHARTER CLUB CIR., #3
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8505 CHARTER CLUB CIR., #3
FT. MYERS, FL 33919

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:

HRAD, THOMAS J
205 CAROLINA JASMINE LANE
SAINT JOHNS, FL 32259 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: THOMAS J. HRAD 04/28/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HRAD, MICHAEL R
Address: 8505 CHARTER CLUB CIR., #3
City-St-Zip: FT. MYERS, FL 33919

Title: P
Name: HRAD, MICHAEL R
Address: 8505 CHARTER CLUB CIR., #3
City-St-Zip: FT. MYERS, FL 33919

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 Statues.

SIGNATURE: MICHAEL R. HRAD MGRM 04/28/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date